



Improving the Fill Rate for Blood Donor Ambassador Volunteers

At the American Red Cross in Douglas County, NE

A Doctoral Capstone Report By:

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I. Executive Summary

The partner organization for this Capstone Project was the American Red Cross of Nebraska-Iowa (ARC). The focal area was Douglas County (DC), home to Omaha. The Red Cross is the largest supplier of life-saving blood products in the U.S., and Douglas County is a major contributor through over 200 monthly blood drives. Volunteers are crucial to the success of these blood drives, and a key volunteer role is that of Blood Donor Ambassador (BDA). BDAs facilitate a smooth event and a positive blood donor experience, while helping to minimize costs and maximize blood production.

There has been a shortage of BDAs for Douglas County over the past several years, leading to unfilled shifts and burnout among existing BDAs. This shortage adversely affects blood production, which is particularly impactful given the acute U.S. blood shortage. If this challenge is not addressed, facility needs may not be met, and lives that could have been saved may be lost. The partner organization therefore prioritized this issue for further exploration.

The purpose of this Capstone Project was to gain a deeper understanding of the need for BDAs in Douglas County, the organizational and individual factors that may be facilitating or inhibiting their recruitment and retention, and the segments of prospective volunteers that have high potential to be well-suited for and interested in the role. Understanding these factors can inform strategies for recruiting and retaining more BDAs for Douglas County. This will in turn contribute to an improved BDA position and shift fill rate, greater blood production, and ultimately, more lives saved.

Informed by a review of the relevant scholarly literature and grounded in a conceptual framework which built on Haski-Leventhal & Bargal's (2008) Volunteer Stages and Transitions Model, I posed four Project Questions to guide this study:




- (1) What is the nature of the need for BDAs in Douglas County?
- (2) In what ways do organizational factors *facilitate* and/or *inhibit* a) recruitment and b) retention of BDAs in Douglas County?
- (3) In what ways do individual factors *facilitate* and/or *inhibit* a) recruitment and b) retention of BDAs in Douglas County?
- (4) Which volunteer segments have *high potential* to be well-suited for and/or interested in the BDA role?

To answer these questions, I collected and analyzed existing data elements gathered by ARC through the course of its regular business operations, including internal document; shift coverage reports, volunteer lists, and dashboards; and annual, new, and post shift volunteer survey data. I used this existing data mainly to inform instrument design and test and triangulate findings. I also collected original data through semi-structured interviews with relevant ARC staff and BDAs, and an open-ended questionnaire targeting DC BDAs. This original data was the primary focus for data analysis and development of findings. I gathered all data through purposive and snowball sampling except for the questionnaire, which I administered to all DC BDAs. Analysis of this data yielded key findings for each Project Question (PQ). These included the following:

PQ ₁	Finding 1	The <u>need</u> for BDAs in DC is formulaic and demand-driven, consistently high, nuanced, and not always clear to all ARC staff who play a role in DC BDA recruitment and retention.
PQ ₂	Finding 2.1a	Prominent <u>organizational factors</u> <i>facilitating</i> a) recruitment of BDAs in DC include ARC's brand and affinity for ARC, connection points of prospective volunteers with ARC and blood donation, and ARC's wide and meaningful opportunity offering.

	Finding 2.1b	Prominent <u>organizational factors</u> <i>facilitating</i> b) retention include matching and expectation setting efforts by ARC during the recruitment phase, and expectations delivered by ARC and enhancers to the BDA experience.
	Finding 2.2a	Prominent <u>organizational factors</u> <i>inhibiting</i> a) recruitment of BDAs in DC include barriers and hurdles during the recruitment process, and lack of coordinated relationship management by ARC.
	Finding 2.2b	A prominent <u>organizational factor</u> <i>inhibiting</i> b) retention includes expectations not delivered by ARC and detractors from the BDA experience.
	Finding 2.2ab	A prominent <u>organizational factor</u> <i>inhibiting</i> both a) recruitment and a) retention is the need for greater communication and collaboration among ARC staff involved with recruitment and retention.
PQ3	Finding 3.1ab	Prominent <u>individual factors</u> <i>facilitating</i> both a) recruitment and a) retention of BDAs in DC include strong fit for, and strong interest in the role by prospective volunteers.
	Finding 3.2ab	A prominent <u>individual factor</u> <i>inhibiting</i> both a) recruitment and b) retention is situational factors related to the volunteers and their own circumstances.
	Finding 3.2a	Another prominent <u>individual factor</u> <i>inhibiting</i> a) recruitment is lack of awareness of the need for BDAs.
PQ4	Finding 4	<i>Top potential segments</i> include those with a connection to blood donation and retirees; <i>high potential segments</i> include those with other ARC connections and those with a medical connection; <i>medium potential segments</i> include college students and members of employer or other community groups.

In considering these findings, my recommendations to Red Cross are as follows:

	1. Target the Top Tiers with Tailored Tactics and TLC. Focus more energy on the top and high potential segments, communicate the need for BDAs in the ways and places they are most likely to hear it, and offer them supplemental attention and support through the recruitment process to reduce hurdles and facilitate organizational socialization.
	2. Flex to Fill Out the BDA Bench. Systematically build community partnerships to establish a reliable pipeline of volunteers from the medium tier of potential, creating flexible options to reduce barriers and hurdles.
	3. Fill Shifts, Not Just Positions. Communicate about and recruit for nuanced shift need, and revisit expectations about shift requirements to encourage volunteers who can offer more to self-identify.
	4. Renew and Rely on Rockstars. Create pathways for existing “rockstar” DC BDAs to be recognized for their service and experience renewal by engaging in new ways, and align some renewal pathways with efforts to improve the fill rate.
	5. Operationalize “One Red Cross.” Prioritize strengthening communication and collaboration between all staff who play a role in BDA needs assessment, recruitment, and retention, and foster a culture of active listening and openness.

This Capstone Project contributes to an enhanced understanding of the need for BDAs in Douglas County, the organizational and individual factors facilitating or inhibiting BDA recruitment and retention, and the prospective volunteer segments that have high potential to be a strong fit for and/or have strong interest in the BDA role. The recommendations can inform ARC’s future volunteer recruitment and retention strategies. With a strong brand, a compelling cause, and truly dedicated staff and volunteers, there is reason for optimism that these strategies will contribute to an improved BDA fill rate in Douglas County, and ultimately, an increase in lifesaving blood production. There is also potential for learning to be shared more broadly across other Red Cross chapters or regions.

II. Introduction

Every two seconds, someone in the U.S. needs blood or platelets, and just one blood donation can save up to three lives (American Red Cross [ARC], n.d. -a). However, an increase in the need for blood, and donor hesitancy amidst the COVID-19 pandemic have strained the nation's blood inventory (ARC, 2021b). Given the pressing need for blood, the lifesaving impact of blood donation, and the shortage of supply, it is more vital than ever that blood suppliers maximize their productivity and retain blood donors.

One such agency is the Nebraska-Iowa (NE-IA) Region of the American Red Cross (ARC). ARC is the single largest collector, manufacturer, and distributor of blood products in the U.S. (Red Cross, n.d. -b). Within NE-IA, Douglas County (DC), which includes Omaha, is a major contributor to ARC's blood production goals, ranking third in the U.S. (B. Greenwald, personal communication, March 2021), despite ranking just 42nd in terms of population (World Population Review, 2022). This production is achieved through over 200 monthly blood drives at fixed and mobile collection sites across DC. Volunteers are crucial to the success of these drives, and one key role is that of Blood Donor Ambassador (BDA). BDAs perform tasks to facilitate a smooth drive and a positive blood donor experience (ARC, n.d. -c).

The presence of BDAs at blood drives has been linked by ARC to increased levels of blood donor satisfaction and blood production. However, for the past several years, there has been a shortage of BDAs for DC. The ratio of available BDAs to needed BDAs is called the fill rate. The BDA fill rate for DC has averaged only about 65%, whereas the target is 90% (B. Greenwald, personal communication, August 2021). By extension, this sub-optimal fill rate has meant that a certain number of DC BDA shifts go unfilled, which adversely affects blood production. Given the serious impact of this problem, the Regional Executive and key NE-IA stakeholders recommended that it be the focus of this Capstone Project.

I posed four Project Questions to explore this issue: (1) What is the nature of the need for BDAs in Douglas County?; (2) In what ways do organizational factors facilitate and/or *inhibit* a) recruitment and b) retention of BDAs in Douglas County?; (3) In what ways do individual factors facilitate and/or *inhibit* a) recruitment and b) retention of BDAs in Douglas County?; and (4) Which volunteer segments have *high potential* to be well-suited for and/or interested in the BDA role? The study design was informed by a review of the relevant literature, and by a conceptual framework which built on Haski-Leventhal & Bargal's (2008) Volunteer Stages and Transitions Model (VSTM). It included the collection of existing data elements, and original data collected through semi-structured interviews with relevant ARC staff and current BDAs, and open-ended questionnaires from current DC BDAs. Based on an analysis of this data, I will offer findings and recommendations to inform ARC's efforts to improve the BDA fill rate for DC.

III. Organizational Context

Overview

Founded in 1881, the American Red Cross (ARC) is one of 192 worldwide National Red Cross and Red Crescent Societies (IFCR, n.d.). ARC delivers programming in five key service areas: blood services, disaster relief, international services, support to America’s military families, and training and certification (ARC, n.d. - d). While it operates under a Federal Charter, ARC is an independent nonprofit organization, and derives its approximately \$2.9 billion in annual revenue primarily from voluntary public contributions and cost-recovery charges on certain services (ARC, n.d. -d).

ARC’s mission is, “to prevent and alleviate human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors”
(Red Cross, n.d. -d)

ARC is a complex organization, with five divisions, 50 regions, over 600 local chapters, and 36 blood services regions across the U.S. (ARC, n.d. -d). Though local structures have some authority to tailor activities to their own context, many of the priorities, procedures and targets are set at the national and divisional levels. ARC’s Nebraska and Iowa Region (NE-IA) consists of a regional office, six chapters, five blood donation centers, 50 staff and more than 1300 volunteers (ARC, n.d. -e). NE-IA was formed in 2020, with Nebraska having previously been grouped with Kansas. NE-IA is led by a regional executive, six area executive directors, chapter level boards, and senior staff responsible for lines of service, functional areas, or geographic sub-areas. NE-IA had about \$15 million in revenue for fiscal year 2021 (FY21) and is supported by numerous institutional and individual donors (ARC Nebraska-Iowa Region, 2022).

Volunteerism and Volunteer Recruitment

Voluntary service is one of the Global Red Cross Network’s seven fundamental principles, and ARC relies on a workforce made up of about 90% volunteers (ARC, n.d. -d). Recognizing the trend toward increased competition for volunteers, in July 2018, ARC introduced dedicated volunteer recruitment staff at the regional level. Since then, the average fill rate for high-priority volunteer positions has increased from 65% in 2017 to 86% in 2020. ARC recruitment staff leverage marketing approaches from the *talent acquisition*, *advertising*, and *sales* disciplines to “seek, inspire, and invite” prospective volunteers (ARC, 2018). Talent acquisition activities include direct sourcing and referrals, advertising activities include the use of social and traditional media and other public announcements to increase visibility of opportunities among the general public, and sales activities include building partnerships to establish volunteer pipelines. ARC’s

2021 Recruitment Strategy emphasizes leveraging new information to maximize responsiveness to evolving market conditions and identifies four main focal areas: partnerships; marketing/communications; diversity, equity and inclusion (DEI); and support to regionally based recruitment staff. It also prioritizes development of new volunteering models to reach untapped markets. ARC internal analysis suggests that positive internal and external relationships, strong volunteer engagement by the host department, and minimizing turnover all have important implications for volunteer recruitment.

Blood Services

Within its blood services domain, which is overseen by the Biomedical Services (BS) Division, ARC is the single largest collector, manufacturer, and distributor of blood products in the U.S., supplying 40% of US blood (ARC, n.d. -b). Nationwide, ARC collected 4.6 million units from 2.3 million individual volunteer blood donors in 2021, and leveraged its supply chain to serve 2500 partner facilities with products such as red blood cells, platelets, plasma, whole blood, and blood products for research (ARC, 2021, -d). Partner facilities use these blood products to treat patients battling cancer, heart disease, and sickle-cell anemia, mothers and babies, accident victims, and disaster survivors, among others. In 2019, ARC made the strategic decision to transform itself from a “low-cost supplier” to a “low-cost producer,” with the goal of enhancing ARC’s financial sustainability, cost competitiveness, and negotiating position, as outlined in the Biomedical Services strategic plan.

In 2021, the NE-IA Region collected over 185,000 units of blood through more than 6,000 blood drives (ARC Nebraska-Iowa, 2021). A large share of this came from Douglas County (DC), which is ARC’s third largest U.S. blood production market, and which holds over 200 blood drives per month, 12 months per year, seven days per week. The blood ARC collects in DC helps supply other regions as well. Blood drives are typically held at two permanent blood donation centers in DC, at mobile sites, and at host sites through sponsoring partners such as local hospitals, businesses, and community groups.

Blood Drive Volunteers

Volunteers play an important role in a successful ARC blood drive. They not only perform key functions, but also help control costs, in line with ARC’s low-cost producer strategy. The two main volunteer roles are Transportation Specialists and Blood Donor Ambassadors (BDAs), both of which are overseen at the blood drive by the Collections Supervisor, a staff position. BDAs help ensure a positive blood donor experience. Their key activities include greeting and checking in donors, answering questions, serving in the hospitality area to hydrate and monitor donors for any adverse reactions, and sanitizing spaces (ARC, n.d., -c). BDAs also assist with blood donor recruitment by calling donors who have not arrived, or whose appointment time has changed. Biomedical Services (BS) forecasts BDA position need annually, and shift coverage need six weeks in advance of drives (L. Foxhill, personal communication, September 7, 2021). This need forecasting is informed by ARC’s volunteer staffing matrix, which defines appropriate coverage.

Requests for BDA volunteers to support blood drives are made via ARC’s “Hemasphere” system, which is used to create shifts and facilitate scheduling.

Figure 1. ARC Volunteer Recruitment and Engagement Cycle



To become a BDA, prospective volunteers complete an online application and background check, followed by a screening interview. They are then referred for an interview with the host department (BS), after which they watch a 45-minute training video and review the ARC BDA Playbook. BDAs are asked to sign up for one 4-6 hour shift per month using an online scheduling tool (B. Greenwald, personal communication, April 29, 2021). There are two main ARC groups involved with the recruitment and engagement of BDAs: Volunteer Services (VS), which is part of ARC’s Humanitarian Division, and the Biomedical Services (BS) Division. As

demonstrated in *Figure 1*, VS takes the lead on recruitment, intake, and orientation. The two groups collaborate on need identification, screening and placement, and recognition. BS leads on onboarding and training, scheduling shifts, and ongoing development and engagement.

Because of the rigorous regulatory environment around blood products in the U.S., BS has historically operated relatively autonomously from the rest of ARC, with its own geographic and reporting structure, procedures, and goals. However, through the *One Red Cross* initiative introduced in 2017, ARC decided to align resources and foster closer collaboration between BS and the rest of ARC. The goal is to improve productivity of blood drives, increase sponsor retention, and deepen fundraising engagement.

Capstone Focus and Key Stakeholders

The ratio of available BDAs to needed BDAs is called the fill rate. There has been a persistent shortage of BDAs for DC, resulting in a sub-optimal fill rate for the position. ARC’s difficulty recruiting and retaining enough BDAs to fill the number of positions needed has subsequently led to challenges in filling requested DC BDA shifts. It has also contributed to issues with retention, as existing volunteers are asked to take on additional shifts to fill the gap, and subsequently experience burn out. The NE-IA Regional Executive and other key staff view the BDA shortage as a critical issue to resolve, and therefore prioritized it to be the focus for this Capstone Project. The key stakeholders for this Capstone Project were NE-IA senior leadership, the NE-IA Volunteer Services team, and the divisional Biomedical Services team.

IV. Area of Inquiry

Problem of Practice

The aim of this Capstone Project was to explore how the American Red Cross (ARC) can improve the fill rate for the crucial Blood Donor Ambassador (BDA) volunteer role in Douglas County (DC), Nebraska. There is a shortage of BDAs available to be deployed in DC. For example, for FY22, Biomedical Services (BS) projected that 140 BDAs would be needed for DC, but as of Q4 of FY21, there were just 91 BDA positions filled (B. Greenwald, personal communication, April 21, 2021). The ratio of available BDAs to needed BDAs is called the fill rate, and these numbers yield a 65% fill rate, short of the 90% goal for high priority positions like the BDA role. Attrition of existing BDAs has also been a challenge for DC over at least the past two years, due in part to burn out experienced by existing volunteers asked to take on extra shifts. Though this problem pre-dated COVID-19, the pandemic exacerbated it, as existing BDAs in vulnerable groups stepped back and local institutions that are usually a source of volunteers suspended or adjusted community service requirements (B. Greenwald, personal communication, April 29, 2021).

To identify productive next steps to improve the fill rate for BDAs in DC, this Capstone Project examined the nature of the need for BDA volunteers in DC, factors related to the organization and its operations (organizational factors), and factors related to the volunteers and their individual motivations, interest, and circumstances (individual factors), that potentially contribute to recruitment and retention outcomes. The rationale was that an increased understanding of these factors could illuminate high potential volunteer segments that may be well-suited for and interested in the BDA role, and possible strategies for recruiting and retaining them. The findings from this Capstone Project can also inform other efforts that ARC is undertaking to understand and respond to this issue in DC, with potential for broader application.

Importance and Potential Causes

Addressing the shortage of BDAs in DC is important for several reasons. BDAs are crucial to a positive blood donor experience, which ARC has directly linked to blood donor retention. BDAs also contribute to the overall success of the blood drive. If there is not a BDA present, it takes longer to process blood donors and reach out to no-show donors. Further, ARC staff are diverted from their primary work of collecting blood to fulfill BDA functions, which is not only more costly, but also slows collection.

Productivity and cost control have important implications considering ARC's low-cost supplier strategy, and the fact that DC is a major supplier of blood. If blood supply goals are not achieved, partner facility needs may not be met, and ultimately, lives that could have been saved may be lost. This is especially concerning considering the acute U.S. blood shortage.

“Any time that we have a trained BDA that goes to our blood drives, we not only have higher donor satisfaction scores...but we also collect more blood.”

- E, Biomedical Services

At the outset of this Project, there were several factors that VS stakeholders identified as possible contributors to the BDA shortage. They noted that this problem did not manifest in neighboring counties and wondered if there might be something unique about the pool of potential BDA volunteers in DC. They noted that there were fewer challenges recruiting for other DC blood drive volunteer roles and questioned whether there might be something that made the BDA position more difficult to fill than other volunteer opportunities. Their experience also suggested that recruiting for multiple lines of service, and limitations on recruitment resources made it difficult to keep pace with the sheer volume of need for, and attrition of existing DC BDAs. Compounding this issue, in May 2021, NE-IA's team had to let go of a senior recruiter due to an ARC-mandated structural rebalancing (B. Greenwald, personal communication, May 20, 2021).

Stakeholders also pointed to the fact that of those prospective volunteers that started the process, many did not complete it. Even if applicants did complete the application, background check, screening interview, and referral for a placement interview with BS, some were rejected by BS, and others dropped off before meeting later milestones in the process, such as completing the online training, scheduling the first shift, showing up for a first shift, and scheduling subsequent shifts. At each of these transition points, ARC's standard operating procedure is to make three attempts to contact the volunteer. If they are unable to make contact, and if the volunteer had not formally requested a deferral, they are deactivated and removed from ARC's systems (B. Greenwald, personal communication, May 20, 2021).

Divisional BS staff, regional VS staff and others at higher levels have taken prior action in response to the shortage of BDAs in DC. With involvement from National Headquarters, NE-IA experimented with an expedited BDA recruitment process. Though this led to increased referrals, there were some indications that the abbreviated process was found to be too impersonal by prospective volunteers, and few were converted into long term BDAs (B. Greenwald, personal communication, May 20, 2021). In January 2021, NE-IA added a picklist to its volunteer database so that staff could tag deactivated volunteers' electronic files with basic deactivation reason information to facilitate later analysis. Additionally, to fill urgent shift needs, BS identified informal community volunteers, including through a partnership with the United Way. While this strategy provided temporary relief, to mitigate risk and protect participants, ARC has since started requiring all volunteers to go through formal ARC application channels so that they fulfill requirements such as signing off on ARC's code of conduct and completing a background check.

V. Literature Review

To better understand factors that are potentially relevant to increasing the fill rate for BDA volunteers in Douglas County, this literature review is structured around Bussell and Forbes' (2002) "four Ws of volunteering" (p.245). This classification model for understanding the volunteer market considers *what* (definition of volunteer), *where* (organizational context), *who* (characteristics of volunteers), and *why* (motivation for volunteering). Additionally, the literature review examines volunteerism in the context of blood drives, looks at the concepts of psychological contract and organizational socialization as applied to the study of volunteerism, and discusses Haski-Leventhal & Bargal's (2008) Volunteer Stages and Transitions Model (VSTM).

What – Definition & Trends

Definition of Volunteer. Because volunteers contribute through diverse roles and in a variety of organizational contexts, a singular definition of the term 'volunteer' can be elusive (Bussell & Forbes, 2002). While Snyder and Omoto (2008) describe volunteer work as a freely chosen activity which carries no expectation of reward or compensation, Cnaan, Handy, and Wadsworth (1996) suggest that it can encompass both freely chosen activities and obligations, and that it can involve both costs and benefits to the volunteer. Brudney (2010) defines volunteers as those who give time without receiving monetary remuneration to advance programs, services and activities related to an organizational mission.

Trends in Volunteering. Multiple data sources point to an enduringly strong culture of volunteerism in the U.S. (Corporation for National and Community Service, 2017; Social Capital Project, 2017; Vantilborgh & Van Puyvelde, 2018). As an example, in 2015, about 25% of Americans volunteered, donating 7.9 billion hours of time, valued at an estimated \$184 billion (Corporation for National and Community Service, 2017). Nebraska ranks 7th among all states in volunteerism, while Omaha ranks 13th among mid-sized U.S. cities and 35% of Omahans volunteered in 2020 (Corporation for National and Community Service, 2021). The estimated value of this time is \$29.95 per volunteer hour (Independent Sector, 2022). However, although the average number of hours per volunteer has increased over time, the overall number of Americans volunteering has weakened in recent years. The U.S. volunteer rate of 25% in 2015 was the lowest in fifteen years, down from a high of 30.1% in 2003 in the aftermath of 9/11 (Grimm & Dietz, 2018). As recently as 2009, Nebraska ranked second among states in volunteerism (Corporation for National and Community Service, 2009). The drop has been most significant in metropolitan areas experiencing socioeconomic difficulties and low levels of social capital, but even in high social capital

states like Nebraska, the rate has fallen more than the national trend would have predicted (Grimm & Dietz, 2018). This means increased competition for volunteers, which has prompted many organizational leaders to place greater emphasis on volunteer recruitment and retention (Bussell & Forbes, 2002).

Where – Host Organizations

Types of Service. Volunteers support organizations across an array of sectors, including human services, arts and culture, youth development, education, and health (Wymer, 1997). Within these sectors, various types of organizations rely on volunteers, including charities, social clubs, business associations, and political, religious, and self-help groups (Wilson & Pimm, 1996). Volunteer work can occur as a single occasion or as a recurring activity, during the volunteer’s leisure time, as part of a corporate program, or on a full-time basis (Bussell & Forbes, 2002). In recent years, there have been emerging forms of volunteerism, including virtual volunteering, and an increase in “more episodic, non-committal, and self-oriented types of participation” (Hustinx, 2010, p. 236).

Organizational Factors and the Decision to Volunteer. Organizational factors can play a major role in a volunteer’s decision to begin volunteering, and in the experience they have once they join (Boezeman & Ellemers, 2008; Bussell & Forbes, 2002; Hager & Brudney, 2011; Haski-Leventhal & Bargal, 2008; Mitchell & Clark, 2020; Vantilborgh & Van Puyvelde, 2018; Waikayi, Fearon, Morris & McLaughlin, 2012; Wu, Lin, & Wang, 2019). A study involving interviews with 51 volunteers from five major nonprofits found that brand, cause, and role were important factors in fulfilling volunteers’ needs and goals, serving as drivers of volunteer choice about which organization to volunteer with (Mitchell & Clark, 2020). In examining how organizational characteristics contribute to new volunteer recruitment, Boezeman and Ellemers (2008) found that providing potential volunteers with information about task and emotional support offered by the organization increased their sense of being respected, and in turn, their attraction to the organization. A study of hospital volunteers suggested that those who experienced more social interaction through volunteering, engaged in reflections about their experience, and benefitted from rewards had higher satisfaction, and that those with higher satisfaction subsequently exhibited greater loyalty to the organization (Wu et al., 2019).

Through their integrative model of volunteer reliability, Vantilborgh and Van Puyvelde (2018) explored how individual volunteer characteristics such as functional motives, organizational factors such as volunteer coordination practices, and sociological developments such as volunteering styles and nonprofit professionalization trends shape the exchange between volunteers and nonprofits. They point to the importance of the psychological contract, whereby, “an individual believes that the organization is obligated to provide certain inducements, and in return, feels obligated to reciprocate with certain contributions” (Rousseau, 1995, as cited in Vantilborgh Van Puyvelde, 2018). They assert that volunteers tend to reduce contributions when the organization breaches this contract. In the context of the British Red Cross, Waikayi et al. (2012) found that volunteer retention was associated with organizational factors

such as strong leadership skills among volunteer managers, proactive cultivation of a positive work environment by the organization, and an open attitude toward volunteers by organizational leaders.

Who – Characteristics & Segments

Characteristics of Volunteers. Volunteers in the U.S. are a heterogeneous group, exhibiting a diverse range of sociodemographic characteristics in relation to age, gender, race, religion, educational attainment, income level, socio-economic status, employment status, immigration status, family background, and social networks (Bussell & Forbes, 2002; Wilson, 2012). However, it is possible to segment volunteers into more homogenous subgroups to analyze behavior and engage in targeted marketing (Bussell & Forbes, 2002; Dolnicar & Randle, 2007; Wilson, 2012; Wymer, 1997). Upper income married white women with a college degree, aged 25-44 have historically exhibited the highest rates of volunteerism in the U.S, and women overall tend to volunteer at higher rates than men, regardless of employment status (Social Capital Project, 2017). Those over age 64 and under age 25 are distinct groups with their own motivations and tendencies (Bussell & Forbes, 2002; Wilson, 2012). Young people are more likely to volunteer if their parents did (Bussell & Forbes, 2002). Resource theory (Wilson & Musick, 1998) and dominant status theory (Penner, 2002) suggest that people with high human capital (high income and education) and social capital (highly networked) tend to volunteer at higher rates (Haski-Leventhal & Bargal, 2008). Religious background is also associated with a propensity to volunteer (Wilson, 2012). Areas with lower home ownership, education, and income, and higher unemployment, commuting times, and population have been associated with lower levels of volunteerism (Grimm & Dietz, 2018).

Setting standards in relation to volunteer selection is desirable from an organizational perspective (Reamon, 2016). However, the trend toward decreased volunteerism has also applied pressure on organizations to “widen the pool” of potential volunteers (McPherson & Rotolo, 1996, as cited in Bussell & Forbes, 2002). Understanding sociodemographic and motivational factors can help organizations to compete for this limited pool by making it possible to leverage marketing concepts such as segmentation and positioning to communicate benefits and minimize perceived costs to each segment (Dolnicar & Randle, 2007). However, Callow (2004) advises caution in treating even identifiable segments as homogenous groups, asserting that it is important to be attentive to differing motivations within subgroups, and to develop appeals tailored to these. Callow offers a two-by-two matrix which maps high and low levels of social and altruistic motivations to illustrate how motivations differ among older volunteers. Shields (2009) found this matrix to be applicable for young adults as well. In the context of emergency medical volunteers, Hasselman (2013) suggests that a trusted community member is an effective carrier of recruiting messages, and that it is important for these messages to reach as many prospective volunteers as possible so that the necessary volume of volunteers can be identified.

Why – Motivation for Volunteering

Key Motivators. There is a substantial amount of research which explores why people volunteer, much of which is informed by motivational theory (Wilson, 2012). Barker (1993) identifies altruistic, instrumental, and obligatory drivers, while Clary et al (1998) suggest that career and personal development, values, and relationships are often key motivators. Wilhelm & Bekkers (2010) assert that emotion and empathy alone are not strong motivators unless they are accompanied by a feeling of obligation. Gronlund (2011) articulates several role identities related to volunteer motivation, including: *the influencer* who seeks to improve the world, *the helper* who is motivated by compassion, the *faith-based* person acting on a calling, the *community-oriented* person wanting to build relationships, and the *success-oriented* person desiring to exhibit leadership and good citizenship. This work has informed the creation of the Volunteer Function Inventory, which catalogs a finite set of motives that volunteer work can help satisfy. Receiving an invitation to volunteer from someone in the potential volunteer’s own social network has been shown to increase the likelihood of acceptance (Merino, 2013), while an invitation from a social superior increases the cost of refusal, thus increasing the likelihood of acceptance (Bekkers, 2010).

In 64 in-depth interviews with staff and volunteers, Héma-Québec, a non-profit organization focused on meeting blood supply needs in Quebec, Canada, found that among its blood drive volunteers, it was common to have a family background in which religion or blood donation were prevalent (Décary, Charbonneau, Cloutier, Lacroix, Desilets, Hébert, & Tran, 2009). A connection to the cause of blood donation and a desire to give back stemming from feelings of solidarity or knowing someone who has needed blood were also important. Additional motivators included a sense of usefulness derived from staying active, being able to use or acquire new skills, positive impacts of volunteering on self-esteem and psychological well-being, and identity reinforcement and a sense of belonging in social networks and community (Décary et al., 2009). A study of British Red Cross volunteers showed that satisfaction among existing volunteers stemmed primarily from helping others and from being part of The Red Cross (Waikayi et al., 2012). In a case study of American Red Cross volunteers, Anzalone (2020) explored which characteristics most effectively motivate volunteers and found that having a sense that they can “have a personal impact or connection to the mission,” is a powerful motivator, and that it is also motivating to volunteers when organizational leadership provides, “individualized volunteer experiences, ample opportunities to engage as a volunteer, and clear and frequent communications” (p. 140).

As discussed above, there are variations in motivation and perceived costs and benefits across volunteer segments. For example, Peterson (2004) found that younger volunteers tended to be motivated by financial and career success, whereas older volunteers were motivated by social responsibilities and a greater concern for society. Handy et al. (2010) note that those motivated by career considerations were more likely to engage in “episodic” rather than regular volunteer work. Some have also observed a trend, particularly among younger volunteers, whereby personal interests are displacing altruism as a primary motivator, and whereby new volunteers expect greater choice and autonomy (Hustinx & Lammertyn, 2003; Rehberg, 2005). Empirical literature on volunteering has documented substantive rewards to serving as a volunteer, including benefits for physical and mental health, positive feelings and satisfaction, skill

development, and expansion of social networks (Wilson, 2012). Gainer (2010) posits that there is a value exchange, with the organization utilizing rewards to bolster recruitment and retention. Likewise, in evaluating opportunities, potential volunteers weigh the sacrifice required on their part (Wilson, 2012). One study suggested that while people tend to take up volunteering for value-driven reasons, the amount they contribute has more to do with self-related motivations (Finkelstein, 2008).

Linkages Between Recruitment and Retention. Reamon (2016) asserts that, “recruitment and retention are inextricably linked...and should both be considered through all the various phases of the socialization process,” and that doing so increases the likelihood of success in both areas (p. 74). Recruitment, screening, and training of volunteers involves significant organizational investment, and turnover can affect stability and service delivery (Barraza, 2011). Turnover can also have a ripple effect, causing those socially connected to the departing volunteer to consider leaving as well (Haski-Leventhal & Bargal, 2008). At the same time, engaged volunteers tend to be effective recruiters of friends and family (Reamon, 2016). Andersen (2003) found that in the context of the health care industry, there is recognition of the potential for current volunteers to forge new types of relationships with the organization, such as those of donor or advocate. A focus on retention is thus important because it can reduce the need for recruitment and foster deeper relationships with volunteers who might be able to contribute in other ways.

Diverse strategies may be needed during different phases of the organizational relationship with volunteers to, “successfully navigate the psychological contract, minimize frustrations, ensure higher quality outputs, and reduce the turnover rate” (Reamon, 2016, p. 91). Both the organization and the volunteer play a role in socialization, whereby the organization puts forth effort to teach, train influence newcomers, and the individual puts forth effort to acquire the necessary information and makes sense of their new environment (Haski-Leventhal & Bargal, 2008). The first few months are a particularly critical, because they appear to show the highest incidence of volunteer loss for organizations, as the new volunteer assesses fit and weighs costs and benefits (Barraza, 2011; Omoto & Snyder, 2002).

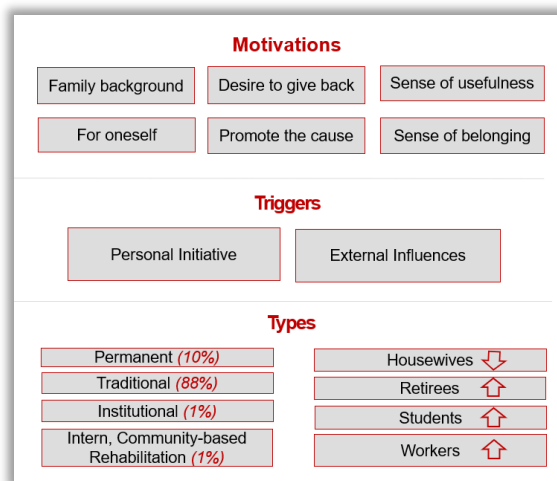
Factors in Persistence. The emotional expectations of new volunteers, even prior to any starting, are positively related to intent to persist (Barraza, 2011). Haski-Leventhal & Bargal (2008) found that volunteers who are more emotionally involved tend to be more committed, as expressed by, “one’s willingness to work hard for the organization, frequency of volunteering, intention to stay and identification with its goals” (Haski-Leventhal, 2008, p. 69). Committed volunteers express high levels of connectedness (feeling part of a group with shared goals, values, respect, and trust), uniqueness (feeling that one has a unique combination of talents and personality to contribute), and power (feeling that one can make a difference) (Andersen, 2003). However, even if they are satisfied and committed, factors such as distance from the volunteer site, competing demands on their time, and lack of financial resources can prompt volunteers to reduce their engagement (Andersen, 2003). A study of 99 former Red Cross volunteers in Belgium found that quitting was most frequently motivated by personal problems, such as competing demands from one’s job or family responsibilities, whereas when organizational factors were

mentioned, they usually related to a mismatch between the volunteer’s interests and the assignment, or a lack of support and supervision by the organization (Hustinx, 2010). Haski-Leventhal and Bargal (2008) suggest that it is possible for fatigued volunteers who are considering exiting an organization to be re-energized through taking on new roles, reflecting on experiences and achievements, or taking a restorative break, a process they call “renewal.”

Volunteerism and Blood Donation

While there is robust literature on blood donors, and blood donation in general, there are few studies specifically focused on the volunteers who help to run blood drives, particularly in the context of a mid-sized midwestern U.S. city like Omaha. One example from a Canadian context is that of Héma-Québec, a non-profit organization focused on meeting blood supply needs in Quebec. Héma-Québec engages over 16,000 volunteers in its blood drives every year, and as mentioned above, conducted interviews with a diverse set of staff and volunteers to understand volunteers’ motivations, triggers to their decision to volunteer, types and composition of volunteers, and trends in their engagement (Décary et al., 2009). Key findings from this study are summarized in *Figure 2*.

Figure 2. Key findings from Héma-Québec study

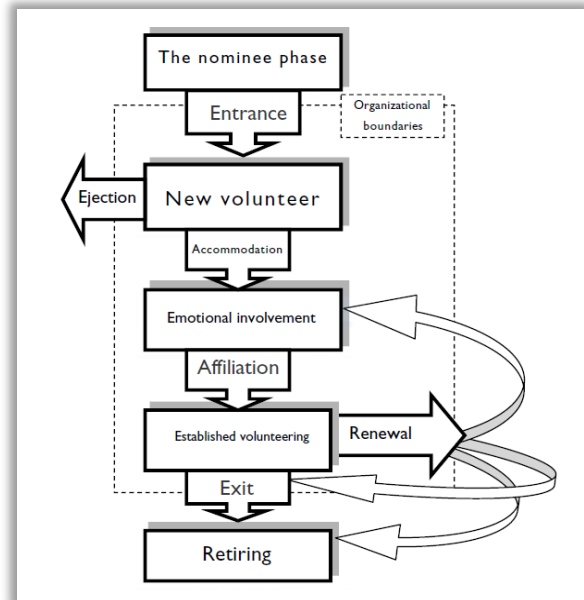


In addition, Décary et al. found that the motivations of longer-term volunteers tend to be more consistent than those of shorter-term volunteers, that the average age of volunteers was rising, and that there were retention problems in the “student” and “worker” volunteer categories due to their more limited and changing availability. New volunteers were mainly recruited from within existing members’ personal social networks or as part of an organized activity through an association they were part of, making it harder to broaden the pool of volunteers. In response to these findings, Décary et al. suggested several solutions. These included: launching marketing recruitment campaigns based on volunteer motivations; making sure prospective volunteers were aware of the importance of the role; inviting existing volunteers to participate in recruitment efforts; relying on and rewarding those willing to give extra effort and show leadership qualities; committing to outreach in schools, workplaces and with community organizations to cultivate new streams of volunteers; and encouraging loyalty with these partner institutions to promote continuity of the relationship and flow of volunteers.

Volunteer Stages and Transitions Model (VSTM)

Through an ethnographic study of volunteers working with at-risk youth in Israel, Haski-Leventhal & Bargal (2008) conceptualized the Volunteer Stages and Transitions Model (VSTM). The VSTM identifies five different stages and four transitions in volunteers' organizational socialization. The stages include *nominee*, *new volunteer*, *emotional involvement*, *established volunteering and retiring*. The transitions include *entrance*, *accommodation*, *affiliation*, and *exit*. The VSTM focuses on the transitions between the stages, and the process, experiences, and emotions involved with these transitions. Organizational socialization is the process through which volunteers, "learn the job, internalize organizational values and goals, and become effective and engaged as volunteers" (Haski-Leventhal & Bargal, 2008, p. 67). See Figure 3. Volunteer Stages and Transitions Model (Haski-Leventhal & Bargal, 2008).

Figure 3. Volunteer Stages and Transitions Model



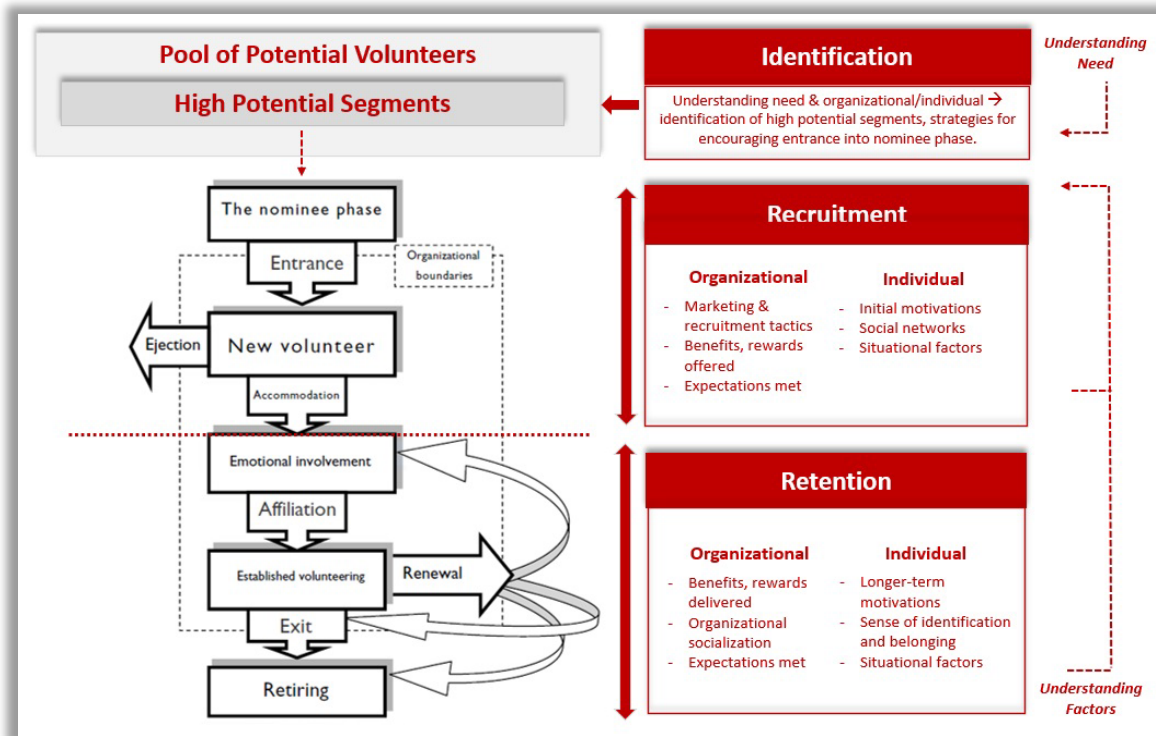
Haski-Leventhal and Bargal (2008) posit that the relationship between the organization and the volunteer starts when the prospective volunteer hears about the organization, is attracted, and makes contact. This nominee phase is generally characterized by ambiguity on the volunteer's part. A psychological contract is created as the prospective volunteer builds expectations and beliefs about their relationship with the organization based on initial interactions (Haski-Leventhal & Bargal, 2008). Kappelides (2018) suggests that the development of a psychological contract during the recruitment phase is key to establishing realistic expectations and achieving positive recruitment outcomes. A psychological contract is essentially, "the set of beliefs individuals hold in relation to how organizations value their contributions," and is formed through external messages, social cues, and other organizational factors (Kappelides, 2018, p. 259).

A nominee becomes an active volunteer through the entrance process, which involves selection, training and starting the role. Selection is important to socialization because it helps the volunteer understand what is expected. Haski-Leventhal & Bargal (2008) assert that the organization, the newcomer, the established volunteers, and those receiving the service all contribute to organizational socialization. If volunteers are ejected, this tends to be due to lack of fit. A "meaningful event" typically occurs within the first weeks of volunteering, prompting emotional involvement and facilitating the transition to the established volunteer phase, as volunteers become more skilled and confident. Those volunteers who reach the point of feeling burnout, boredom, or detachment may consider exiting. However, they can experience renewal of energy and motivation through activities like taking on new roles, engaging in self-reflection, and taking time off.

VI. Conceptual Framework

I took up Haski-Leventhal & Bargal’s (2008) Volunteer Stages and Transitions Model (VSTM) to build a conceptual frame for this study. As discussed previously, the VSTM conceptualizes the process of organizational socialization, and the related experiences and emotions associated with each stage of a volunteer’s experience, and with the transition between stages. This is relevant in the context of DC BDAs because each of these stages and the related experiences represent an opportunity for volunteers to either continue persevering through the process or not, which has implications for the number of volunteers available to fill need. While the VSTM provides a strong foundation, it focuses primarily on the volunteer’s experience with this process. Because the literature suggests that both the characteristics and motivations of the volunteers, and organizational efforts to shape the volunteer experience are key, I have added elements to further draw this out, and to address the issue of fill rate. These include *the need* for volunteers, the general *pool of potential volunteers* and *high potential segments*, and the *organizational and individual factors* that contribute to recruitment, retention, and ultimately, the identification of high potential segments and development of targeting strategies. See *Figure 4* for a visualization of this framework.

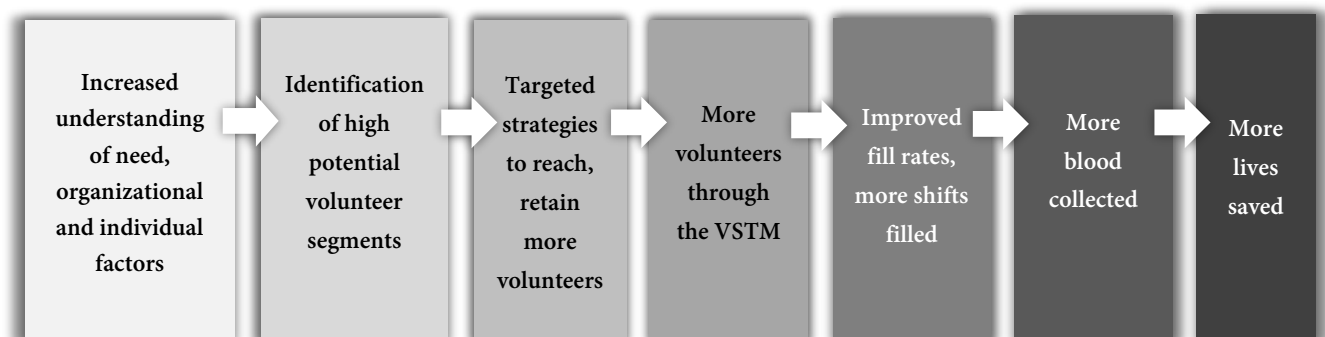
Figure 4. Conceptual Framework



Theory of Action. A theory of action is “a hypothesis about what will happen when a set of strategies is implemented” (Aguilar, 2020). The theory of action behind the conceptual framework is that if an organization understands the nature of the *need* for volunteers and *organizational* and *individual* factors that contribute to recruitment and retention of those volunteers, then it will be better able to identify *high potential* (ie ‘good fit’) *volunteer segments* from the available pool of volunteers. If the organization is better able to identify high potential segments, then it will be better able to develop targeted strategies for encouraging a greater volume of these high potential volunteers to enter the nominee phase and move through the stages of the VSTM to become established volunteers and experience renewal over time. If an organization can encourage this progression of a *higher volume of well-aligned* volunteers through the VSTM, then there will be more volunteers available to fill need. If the organization can meet the need for volunteers, it will be able to deliver more services and have a greater impact.

This conceptual framework is appropriate for the exploration of how to improve the BDA fill rate in DC because it reflects both the volunteer and the organizational perspective on the process and considers the range of elements that have potential to contribute to the availability of volunteers to fill need. Each of these elements thus represents a potential leverage point for improving the BDA fill rate. As illustrated in *Figure 5*, gaining a greater understanding of these elements can inform ARC’s strategies for identifying volunteer segments with high potential to be well suited for and interested in the role, and encouraging a higher volume of these segments to enter the nominee phase and move through the stages of the VSTM. If there is a higher volume of well-aligned BDAs, then the BDA fill rate for DC will improve. If the fill rate improves, more BDA shifts will be covered. If more BDA shifts are covered, ARC will be able to collect more blood, and more lives will be saved.

Figure 5. Theory of Action for improving DC BDA fill rate



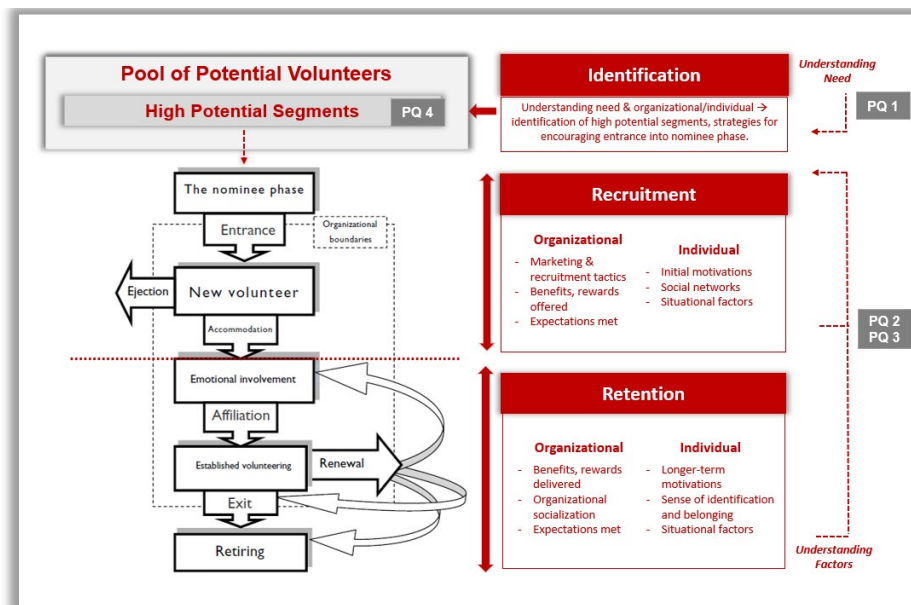
VII. Project Questions

This Capstone Project explored how to improve the BDA fill rate for Douglas County. The investigation was guided by four Project Questions (PQs):

- (1) What is the nature of the need for BDAs in Douglas County?
- (2) In what ways do organizational factors facilitate and/or inhibit a) recruitment and b) retention of BDAs in Douglas County?
- (3) In what ways do individual factors facilitate and/or inhibit a) recruitment and b) retention of BDAs in Douglas County?
- (4) Which volunteer segments have *high potential* to be well-suited for and/or interested in the BDA role?

The fill rate calculation reflects *volume of need* for BDA on one side of the equation, and *level of recruitment and retention* on the other. As suggested by the literature, both organizational and individual factors have a bearing on recruitment and retention. A better understanding of these factors (PQ2 and PQ3), together with a better understanding of the need (PQ1) can facilitate identification of high potential volunteer segments from among the overall pool of potential volunteers (PQ4). This can inform ARC’s strategies for encouraging the entry of high potential segments into the nominee phase and facilitating their continued movement onward through the VSTM to become established volunteers and experience renewal over time, rather than exiting. These linkages to the PQs are summarized in *Figure 6*.

Figure 6. Linkages between the Conceptual Framework and Project Questions.




VIII. Project Design

This section describes the **data collection** and **data analysis** I conducted to answer the Project Questions.

Data Collection

Multiple forms of data can be collected and used strategically to triangulate information and contribute to answering research questions (Yin, 2003). For this Capstone Project, I collected two main types of data: 1) *existing data* in the form of internal documents and other data elements developed and gathered by ARC through the course of its regular business operations, such as internal documents, volunteer lists, shift coverage reports, dashboards, and previously administered surveys; and 2) *original data* in the form of semi-structured interviews with key stakeholders who have touchpoints with the BDA recruitment and retention process, and an open-ended questionnaire administered to existing DC BDAs. Below, I describe these existing and original data elements in further detail, elaborating on the rationale for collecting them, and their relationship with the Project Questions. I also discuss sampling, data collection instruments, and sequencing of data collection.

Collection of Existing Data

 **Internal Documents.** Document analysis can be an important data source for qualitative research (Bowen, 2009). The Red Cross maintains an array of internal documents on its intranet and shared drives. These include strategic plans, analyses, manuals, and job aids, among other resources. I collected and reviewed about seventy of these documents that I determined to be relevant for the BDA need assessment, recruitment, and retention processes. These documents provided valuable context for the investigation, and informed instrument design for the original data collection. They were available mainly on the ARC intranet subpages and shared drives for Volunteer Services (VS) and Biomedical Service (BS). Examples include the *BDA Position Description*, outlining the key duties of BDAs perform, the *BDA Playbook*, which provides step-by-step guidance on how to perform the BDA role, the *Biomedical Services Strategy*, Biomedical Services' *Business Unit Guidance* on volunteer need forecasting, the *Volunteer Services Recruitment Strategy*, *BDA recruitment materials* and NE-IA's *volunteer applicant screening questions*. See *Appendix A* for a *List of Relevant Internal Documents Reviewed*.



Reports, Lists, and Dashboards. ARC regularly generates a significant amount of data which, while not all directly aligned to the Project Questions and project scope, are pertinent. This data takes the form of reports, lists, and dashboards. *Reports* include BDA shift coverage reports and BDA need forecasts. *Lists* include lists of active NE-IA volunteers with information about location, roles, demographics, tenure, and how the volunteers first heard about ARC, as well as lists of recently deactivated volunteers which include basic de-activation reason information. *Dashboards* include PowerBI visualizations of various standard ARC metrics related to volunteer recruitment and engagement (which is related to retention). Among these data sources, some are sortable for the NE-IA region, and some for Biomedical Services volunteers. This makes it possible to compare NE-IA's results to those of other regions. The limitation with the dashboards is that in most cases they are not sortable below the BS or NE-IA levels, such that it is not possible to view results specifically for DC or BDAs. I therefore used this data mainly for triangulation and testing of the findings developed from the original data. See *Appendices B-D* for *Review Summaries* outlining key points and data excerpts from these reports, lists, and dashboards.



Surveys. Of the volunteer surveys that ARC administers on a regular basis, three were especially relevant to the area of inquiry for this project. These include Annual Volunteer Surveys, New Volunteers Surveys, and Post Shift Surveys administered following each blood drive. These surveys include fixed fields determined at the ARC headquarters level, and are primarily quantitative in nature, with limited open response fields. For the *Annual Volunteer Surveys* and *New Volunteers Surveys*, while I had access to snapshots of the aggregated responses sorted by region and division/service area, I did not have access to the raw data sets or open response fields, nor was I able to sort down to the DC or BDA levels. For the Post Shift Surveys, I did have access to the raw data, including open response fields, and to results for DC BDAs. However, the response rate in terms of unique respondents was relatively low. For these reasons, I also used this existing survey data mainly to triangulate and test the findings derived from the original data that I collected. See *Appendices E-G* for the Annual, New and Post Shift Survey *Instruments* and *Review Summaries* outlining the main fields included, data excerpts, and key observations from the data analysis.

Parameters for Existing Data. I generally collected existing data for the past two ARC fiscal years (July 1, 2019-June 30, 2021), or whatever portion of this period was available. Some data was scrubbed from the system for the period before January 2020 as part of standard ARC data management practices. In terms of existing data elements, the sample of interest for the Annual and New Volunteer Surveys and Post Shift Surveys included those who were BDA volunteers in DC, where available, or where not available, those who were BS volunteers in NE-IA. I was also interested in data about all NE-IA volunteers. The rationale for focusing on these groups was to be able to compare the results for DC BDAs to the overall results for all NE-IA and NE-IA BS volunteers. Similarly, for the reports, lists, and dashboards, to facilitate comparison, I collected data for both DC and NE-IA, where available, sortable by the BDA position. See *Appendix L* for a *Summary* of the parameters of the existing and original data elements I collected, and the connection between each data source and the Project Questions.

Collection of Original Data



Semi-Structured Interviews. To gather additional information to answer the Project Questions and more deeply explore the trends emerging from the existing data, I conducted semi-structured interviews with a total of ten key stakeholders, using an interview guide. Open-ended questions invite interviewees to share their personal perspectives in their own words, while using an interview guide helps ensure that each interview still follows a similar line of inquiry (Patton, 2002). The purpose of these interviews was to understand what is known about the need for BDAs in DC, the organizational and individual factors that could be facilitating or inhibiting BDA recruitment and retention, and the prospective volunteer segments that may have high potential to be well-suited for and/or interested in the BDA role. These interviews thus contributed to answering Project Questions 1-4. Within VS, interviewees included recruiters, screeners, and leadership. Within BS, interviewees included volunteer engagement staff and leadership. See *Figure 7* for a list of interviewees. To help preserve anonymity, I have used pseudonyms A-J, and have indicated only the overall department or division of the interviewee, rather than the specific role.

Figure 7. List of Interviewees

Pseudonym, Role in ARC		
A – Biomedical Services	E – Biomedical Services	H – Volunteer Services
B – Volunteer Services	F – Biomedical Services	I – DC BDA
C – DC BDA	G – Volunteer Services	J – Volunteer Services, BDA
D – Volunteer Services		



Open-ended Questionnaires. The partner organization was initially hesitant to authorize administration of a survey to DC BDAs for purposes of this Capstone Project because there is overall survey fatigue among existing DC BDAs, which has been exacerbated by frequent contact from ARC to request extra shift coverage. While BS contacts reached out to a sample of DC BDAs to invite their participation in the semi-structured interviews, there were few affirmative responses. Therefore, to gather additional perspective from the DC BDAs, I designed a brief, anonymous open-ended questionnaire. I also offered an incentive to participate in the form of a gift card drawing. The contacts in BS agreed to this approach, and I administered the questionnaire. Responses contributed mainly to Project Question 3 and Project Question 4, and to some extent to Project Question 2. I invited participants to indicate if they would be willing to participate in an interview, and if so, to share their contact information. See *Figure 8* for a list of questionnaire respondents, for which I have assigned pseudonyms R1-18.

Figure 8. Questionnaire Respondents






Questionnaire Respondents and Tenure in Role			
R1 – 5 months	R6 – 2 years	R11 – 2 months	R16 – 2 months
R2 – 18 months	R7 – 5 years	R12 – 8 years	R17 – 4 years
R3 – 6 months	R8 – 8 years	R13 – 7 years	R18 – 1.5 years
R4 – 1 year	R9 – 4 years	R14 – 1 month	
R5 – 13 months	R10 – less than 1 mo	R15 – 3 years	
<i>My categorization: 6 mo or less= new, 6mo+-1.9 yrs = med, 2-4 yrs = long, more than 4 yrs = very long</i>			

Sampling and Instruments

I identified the sample for the initial set of semi-structured interviews purposively, targeting stakeholders who, through their roles, offered different perspectives on the BDA needs assessment, recruitment, and retention processes. I used a snowball sampling technique to identify additional key stakeholders who could provide potentially useful perspectives by asking for suggestions from interviewees. I also invited interviewees to suggest additional internal documents or existing data that might be relevant to the Project Questions. The sample of interviewees included staff from NE-IA Volunteer Services, divisional Biomedical Services, and existing DC BDAs. While I reached out via email multiple times to the three Collections staff that interviewees had referred me to, they did not respond to my request for an interview. I also reached out via email to a sample of five recently de-activated DC BDAs, identified from the Inactive Volunteer list, to request an interview or questionnaire response, but none of them responded. I administered the questionnaire to the entire list of DC BDAs, and 18 out of 90 provided responses.

Instruments. Drawing on insights gleaned from the literature, conceptual framework, and existing data, I developed a semi-structured interview guide. I recruited interview participants by email and conducted the interviews using Zoom or telephone (recorded via Zoom). To supplement the interview notes and facilitate analysis, I recorded the interviews and downloaded the transcripts. See *Appendix H* for the semi-structured interview recruitment emails, and *Appendix I* for the *semi-structured interview guide*, tailored by target participant. In referencing the existing data and the early batch of semi-structured interviews, and with review by BS staff to verify usefulness areas of inquiry, I developed a five-question open-ended questionnaire for DC BDAs. The purpose of this questionnaire was to elicit information about factors contributing to their decision to become and continue as a BDA, and input about how to improve their experience and expand the roster of DC BDAs. See *Appendix J* for the questionnaire *recruitment email*, and *Appendix K* for the *questionnaire*. As mentioned above, the *instruments* for the existing surveys (Annual Volunteer, New Volunteer, and Post Shift) can be found in *Appendices E-G*. See *Figure 9* for a *Summary* of data collected and associated instruments.

Figure 9. Summary of Data Collection and Instruments

EXISTING DATA		<p><i>Instrument design, triangulation/testing of findings</i></p> <ul style="list-style-type: none"> • 70 relevant manuals, strategies, protocols, recruitment materials, <u>etc</u> • BDA need forecasting data, NE-IA active/inactive volunteer lists, key metric dashboards • Annual Volunteer Surveys, New Volunteer Surveys, Post Shift Surveys
	Internal Documents	
	Reports, Dashboards & Lists	
	Survey Results	
NEW DATA		<p><i>Primary focus of data analysis</i></p> <ul style="list-style-type: none"> • 5 NEIA VS staff, 3 BS staff, 2 DC BDAs • Semi-structured interview protocol; 15-60 min; Zoom/phone • 18, DC BDAs • Qualitative questionnaire; 5 questions; Microsoft Forms
	Semi-structured Interviews	
	Questionnaire	

Relationship to Project Questions

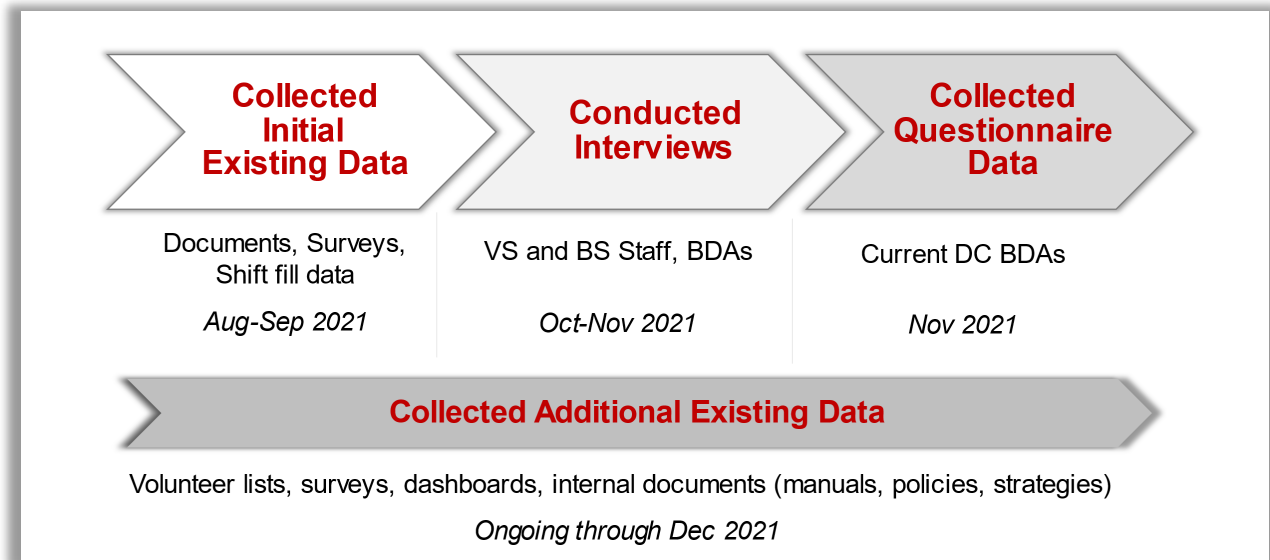
I sought for four main types of information from the existing data that I collected. The first was information about the need for BDAs. This contributed mainly to PQ1 (Need). The second type was information about recruitment of BDAs, and the third type was information about retention of BDAs. This information contributed mainly to PQs2-4 (Organizational and Individual Factors, High Potential Segments). The fourth type was information about new and existing BDAs. This contributed to PQ2 (Organizational Factors), PQ3 (Individual Factors), and PQ4 (High Potential Segments). The semi-structured interviews contributed to all four PQs, while the open-ended questionnaire contributed mainly to PQs 2-4. See *Appendix L* for a detailed *Summary* showing the connection between the PQs, the data needed, the data collected, and the approach to data analysis.

Order of Data Collection

I collected the initial existing internal documents between August and September 2021, organizing the data and conducting an initial review to inform finalization of the semi-structured interview protocol. The semi-structured interviews took place between October and November 2021. These provided an opportunity to probe more deeply and clarify or confirm aspects of the existing data, while also validating and triangulating the initial analysis of that data. As part of the snowball sampling strategy, on an ongoing basis, I invited suggestions from interviewees regarding additional existing documents and other data elements that they thought could contribute to an understanding of the problem and further investigation

of the Project Questions. I implemented the questionnaire during the month of November 2021. See *Figure 10* for a summary of the order of data collection.

Figure 10. Order of Data Collection



Data Analysis

This section outlines the **data analysis** that I conducted to answer the Project Questions, including my approach to the analysis of each data type, the sequencing of data analysis, the process for moving from analysis to findings, and the limitations related to the data.

Analysis of Existing Data

Internal Documents

After collecting the initial set of internal documents, I did a high-level scan of each file to determine whether it looked sufficiently relevant to merit a full review. For the subset of files that I deemed relevant after the initial scan, I completed a detailed review. In completing the detailed review, I documented my impressions about the relevance and potential relationships to the Project Questions and forthcoming original data collection. The output of this review was a *Document Summary Matrix* outlining the document title, source, date, and relevant page references, as well as high level notes about content, themes, linkages to the PQs, implications for instrument design, questions raised, and overall assessment

of relevance. The document review provided me with a baseline level of knowledge about existing ARC processes and strategies related to BDA recruitment and retention. In this way, I was able to tailor the semi-structured interview protocol to maximize the time available with interviewees and probe more deeply on issues directly pertinent to the PQs, rather than repeating questions for which answers already existed elsewhere. As I collected additional existing internal data through the snowball sampling technique, I repeated the process of conducting an initial review to assess relevancy, followed by a detailed review within the *Document Summary Matrix*. Following the development of initial findings, I also revisited this matrix as part of the testing and triangulation process, as discussed in further detail below.

Reports, Lists, and Dashboards

Reports. I examined needs assessment information and blood drive shift coverage reports for FY21 and parts of FY20 and FY22. This was the timeframe available given the ARC’s standard data management practices. I reviewed the data to understand how many BDA positions had been projected in relation to need, and how many were filled. I also looked at how many blood drive shifts were taking place on average per month in DC, what proportion generally went filled or unfilled, how many shifts each individual BDA filled on average, what proportion of shifts were filled by unregistered volunteers, and whether there were any trends across time. I drafted a *Memo* to record my initial impressions, and then developed a full *Review Summary*. See *Appendix B* for the *Review Summary* of these reports, including key observations.

Lists. I analyzed a list of all active NE-IA ARC volunteers, and a separate list of recently de-activated NE-IA ARC volunteers. Using Excel, I reviewed the lists to see which variables were included, cleaned them to facilitate examination of the fields of greatest interest, and sorted them by DC BDAs vs all NE-IA BDAs, and DC BDAs vs other NE-IA non BDA volunteers. I also queried the data to understand what it was saying and whether there were any notable patterns. See *Figure 11* for examples of these queries. I found that because the Inactive Volunteer lists did not include as many fields as the Active Volunteer List, and the deactivation reasons were not very descriptive, this source was not quite as rich as the Active Volunteer List. I documented my initial impressions in Excel and then developed a full *Review Summary*. See *Appendix C* for the *Review Summary* for the volunteer lists, including data excerpts and salient themes.

Figure 11. Sample Queries - Active and Inactive Volunteer Lists

How did DC BDAs hear about ARC? Were there any patterns?
What is the gender split of DC BDAs?
What is the tenure split of DC BDAs?
What is the age band split of DC BDAs?
What proportion of DC BDAs have a military affiliation?
What proportion of DC BDAs do multiple ARC volunteer roles?
What proportion of DC BDAs are retired?
For those BDAs who are not retired, is there any pattern evident in the professions listed?
How do these fields compare for DC BDAs, vs Non DC NE-IA BDAs, vs NE-IA non BDAs?
Is there a pattern to the deactivation reasons for DC BDAs? Non DC BDAs? NE-IA non BDAs?

Dashboards. ARC maintains an array of PowerBI dashboards to track standard performance indicators. Some examples of the fields available in these dashboards include demographics of applicants and current volunteers; conversion rates of volunteers; number of applicants and number of applicants deactivated; and new and existing volunteer satisfaction and engagement rates. It is thus possible to query many different data points, but they are typically not available at a very granular level. For example, it is generally not possible to drill down specifically to DC or to the BDA position, and I did not have access to the raw data underlying the dashboards. However, I was able to compare the NE-IA region to other regions, particularly in ARC’s North Central Division (NCD). To analyze this data, I did an initial review to familiarize myself with the data available. I then made a shortlist of the dashboards that included data that seemed the most well-aligned, in terms of potential to contribute to the Project Questions. I looked systematically at the FY21 data for shortlisted dashboards, and logged trends or points of interest in a preliminary *Memo*. My aim was to situate what was happening in NE-IA compared to other regions, and to see if there was anything that stood out as different or unusual. I aggregated my key observations and developed a full review summary. See *Appendix D* for the *Review Summary* for the shortlisted dashboards.



Surveys

Annual and New Volunteer Surveys. For the Annual and New Volunteer Surveys, while I had access to PDF snapshots, I did not have access to the raw survey data or open response fields. I also did not have access to information specifically for DC or BDAs. Rather, the snapshots compared overall NE-IA volunteer results to NE-IA Biomedical Services volunteer results. I scanned these and made note of my initial noticings in a *Memo*. After a more detailed review, I wrote up my key observations in a review summary. See *Appendices E and F* for *Review Summaries* for the Annual and New Volunteer Survey snapshots, respectively.

Post Shift Surveys. For the Post Shift Surveys, I had access to the raw survey data for FY21 (July 2020-June 2021) and used Excel to analyze it. I cleaned the data to facilitate manipulation of the variables of interest, and created new variables for *DC BDAs*, *non DC BDAs*, and *BDAs with multiple roles*. I then scanned variables of high interest, including shift satisfaction, whether the BDA was greeted, whether they had adequate supplies and understood tasks, whether they were appreciated during the shift, their overall rating of the experience, whether they would recommend the ARC to a friend, whether they would work another shift, and open-ended comments. For numeric fields, I calculated means and noted minimum and maximum values. I grouped open comments by common themes and noted illustrative quotes for each theme (Merriam, 1998). I documented my initial notes in Excel, and then captured the key observations in a review summary. See *Appendix G* for the *Review Summary* for the Post Shift Surveys.

Analysis of Original Data



Semi-Structured Interviews

Note and Memos. To capture my initial impressions while they were still fresh in my mind, I took *notes* during and drafted a post interview *Memo* immediately following each semi-structured interview. In the notes and memos, I captured salient themes, questions that came to mind that I felt merited further exploration, and ideas that I wanted to probe more deeply in subsequent interviews.

Coding. After completing all the semi-structured interviews, I exported the transcript files from Zoom into DeDoose, a web-based application designed to facilitate all types of data analysis, including qualitative. I used DeDoose to complete a first round of deductive coding (Merriam, 1998). The first-round codes were linked closely to the conceptual framework and Project Questions and are listed on the left-hand side of *Figure 12*. See also *Appendix M* for a codebook which defines each code and subcode. When I encountered data that did not fit in the coding structure, I assessed whether it merited an additional code, based on potential relevance to the Project Questions and frequency with which it came up. Through this process, during the first round of coding, I added a code for ‘External/Contextual Factors’ to capture data references to factors like the COVID-19 pandemic, economic trends, or ARC’s broader operations outside the context of DC BDAs and NE-IA.

After completing the first round of coding, I reviewed the post interview notes and memos, and the excerpts for each code (including from the questionnaires, as outlined below). From this review, I developed a *Summary Memo* to capture emerging themes and noticings. I grouped the emerging themes into eleven major categories, which I then consolidated down to eight. I used these eight emergent themes as subcodes for a second round of coding of the transcripts (Merriam, 1998). These subcodes are listed on the righthand side of

Figure 12, and defined in *Appendix M*. Most of the data fit within one of these subcodes, but where I encountered data that did not fit, I reviewed it and generally concluded that it was not relevant to the PQs, and did not merit the addition of new subcodes.

Figure 12. Codes and subcodes for interview transcript and questionnaire analysis

First Round	Second Round
<ul style="list-style-type: none">• Organizational Factors; Forecasting, Identification, Recruitment, Retention• Individual Factors; Identification, Recruitment, Retention• External/Contextual <p><i>Applied codes, analyzed excerpts, developed “emergent” subcodes, consolidated from 11 down to 8</i></p>	<ul style="list-style-type: none">• Alignment of Expectations between BDAs and ARC• Communication, Collaboration, Relationships & Information Access among ARC staff• Drawers/Enablers/Enhancers; Barriers/Inhibitors for volunteers• External/Environmental• Flexibility, Innovation and Change by ARC• Metrics, Incentives, Goals & Priorities of ARC• Recruitment Tactics of ARC• Segments/”the Pool” of volunteers <p><i>Applied codes, asked, what is the data saying about _____</i></p>

Original Data Summary Matrix. After I completed the second round of coding, I exported the excerpts for each subcode into Excel, assigned each interviewee a pseudonym, and went through all excerpts, asking the question “what is the data saying about ___ subcode?” I then drew out and made notes about common subtopics. I used Word to create an *Original Data Summary Matrix* that included a section for each subcode. This section captured the definition of the subcode, the number of excerpts to which it had been applied, the linkages between the subcode and the PQs, the main subtopics that I had noted for each subcode, and illustrative quotes attributed to the interviewee who had said them. I then added a column summarizing the main ideas for each subcode, and a column for notes about the significance and potential implications of these ideas in relation to the problem of practice and PQs.



Open-ended Questionnaires

Initial Review. I exported the questionnaire responses from Microsoft Forms to Excel and conducted an initial review to ascertain the make-up of the respondents, themes evident from the responses, and whether the respondent had indicated willingness to be interviewed. I created a *Memo* to capture my initial impressions. I also followed up with the five respondents who indicated willingness to participate in an interview. One of these responded to my outreach and participated in an interview.

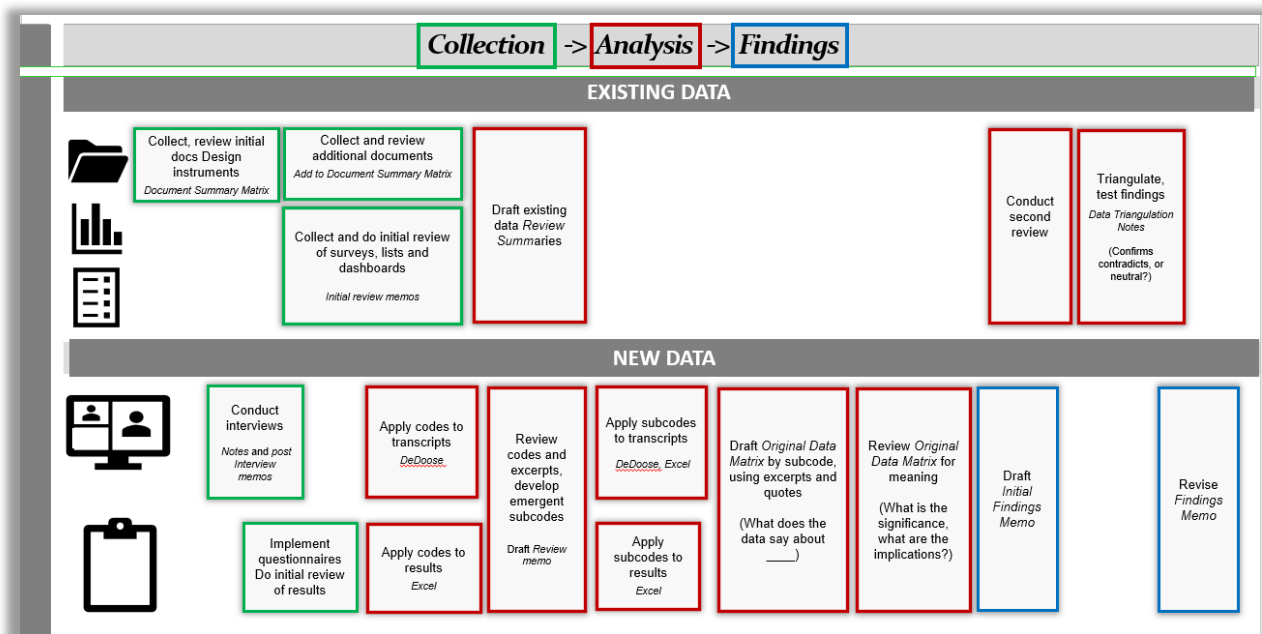
Coding and Data Summary Matrix. After my initial review, I applied the codes, as outlined on the lefthand side of *Figure 12*, to the questionnaire results. I did this in Excel because there were only 18 respondents, and each response was relatively short. As mentioned above, I considered the coded questionnaire responses within the *Summary Memo*, and they informed the development of the emergent subcodes. I then applied the subcodes to the questionnaire responses during the second round of coding (Merriam, 1998). After completing the second round of coding, I noted issues and illustrative quotes from the excerpts that I had coded and added these to the relevant section of the *Original Data Summary Matrix*, below the entries for the interview transcripts.

From Data Analysis to Findings

Process Overview. As described above, I completed an initial review of each data element after collecting it, and produced an *output* summarizing this review and any initial observations or noticings that I had. After conducting an initial review of the existing data, I collected and completed an initial review of the original data. In cases where the snowball sampling technique yielded additional existing data, I repeated this process. Then, I focused heavily on analyzing the original data, starting with the interview transcripts, turning next to the questionnaire responses, and then considering these two sources in aggregate via the *Original Data Summary Matrix*. Through reviewing this matrix and noting the main ideas and implications, I developed initial findings and documented these in a draft *Findings Memo*.

Triangulation and Testing. After developing an initial draft of the *Findings Memo*, I re-reviewed the *Review Summaries* and raw data from the existing data sources against what I had found from the original data to test and see if the existing data was confirmatory, contradictory, or neutral. I made notes to capture the results of this triangulation and testing process. See *Appendix N* for an abbreviated version of these *Triangulation and Testing Notes*. I then revised the *Findings Memo*. Finally, I re-reviewed the *Original Data Summary Matrix* which I had produced through the original data analysis to crosscheck that I had not missed any key themes or evidence. See *Figure 13* for a visual representation of this process.

Figure 13. Steps and related outputs from data collection to data analysis to findings



Limitations and Constraints

Existing Data. Because of the way ARC collects data through its standard processes, and because I had limited access to raw data, I was generally unable to drill down to the DC or BDA levels for the Dashboards and Annual and New Volunteer Surveys. While I had access to the raw survey results for the Post Shift Surveys, there was a relatively low response rate. This was comprised of a relatively small subset of people responding several times, given that the survey is administered for each shift. Because exit surveys for departing volunteers were newly introduced into ARC’s business processes after my data collection had concluded, I was not able to analyze this data. These constraints informed my decision to utilize existing data mainly to inform instrument design and triangulate and test findings derived from the original data.

Original Data. I was unable to secure an interview with someone from DC Collections, the ARC group that staffs blood drives. I was also unable to get interviews with, or questionnaire responses from de-activated BDAs, as they were unresponsive to my outreach. My view of their perspective was thus limited

to the generalized data available through the de-activated volunteer list. While the open-ended questionnaire yielded useful information, the response rate was somewhat low, at 18 out of the 90 BDAs. Only one out of the five respondents that indicated openness to participating in an interview responded to an invitation to do so. Because of this, and the fact that a high proportion of the interviews were with ARC staff, data on individual factors was somewhat less robust than the data on organizational factors, which staff tended to have deeper perspectives on. To address these limitations, I paid special attention to triangulation and testing with multiple existing data sources. These limitations also informed my suggestions to ARC regarding future data collection and analysis which they may elect to undertake to further probe the themes that emerged from this Capstone Project.

IX. Findings

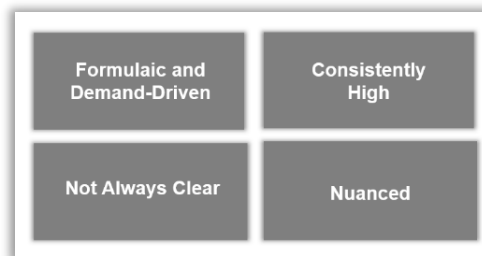
This section outlines the answers to the four Project Questions, presenting findings and related evidence derived from the data analysis. The findings are summarized in *Appendix O* and discussed in detail below.

Project Question 1

What is the nature of the need for BDAs in Douglas County?



Finding 1: Interviews, reports, and internal documents indicate that the need for BDAs in DC is formulaic and demand-driven, consistently high, nuanced, and not always clear to all ARC stakeholders involved with BDA recruitment and retention.



Formulaic. Based in historical data and anticipated need, BS conducts an annual volunteer needs assessment (VNA) exercise to determine the optimal number of BDAs for the DC roster, in terms of overall positions. This projection is based on a formula outlined in standard ARC business unit guidance. *Interviewee E*, a BS staff member involved with the VNA process for BDAs, described it as follows:

“There’s a mathematical equation that we put into place and...so we average the historical data of the last six months... we look at how many drives we’ve had, and then we put that into the equation to calculate to how many hours that blood drive is being hosted...the average is usually four to six, so you take whatever the initial ask is and you multiply

that by that through the equation...and all the way through the end of that number is the optimal need...then you divide it by the average hours of the engagement of the volunteers on the roster, usually a baseline of five.”

BS also calculates the specific number of shifts needed, as expressed in terms of shift requests. This is typically done about six weeks in advance, based on the anticipated number of blood drives during the upcoming period, though it can sometimes be as short as four weeks during a blood shortage. Shift need is calculated using a ratio of one volunteer to eight blood donors, assuming one blood donor per 7.5 minutes. The rationale behind this number is that through internal studies, BS has found that BDAs typically prefer to be busy during a blood drive, rather than underoccupied.

Demand-driven. The need for BDAs in DC is also driven by the “demand” for blood production, rather than the “supply” of volunteers. BS, as the line of service that needs the volunteers, calculates the need based on the number of blood drives, as informed by the blood production targets set elsewhere in BS. This demand-driven approach can be a source of tension between BS and VS because VS may find that the BDA need calculated by BS is higher than what they are feasibly able to recruit, especially given that VS is also responsible for recruiting for all other ARC lines of service. While there is an escalation process through which VS can push back on this number, BS staff are still accountable to produce results. See *Figure 14* for the BDA need calculation formulas and quotes from interviewees.

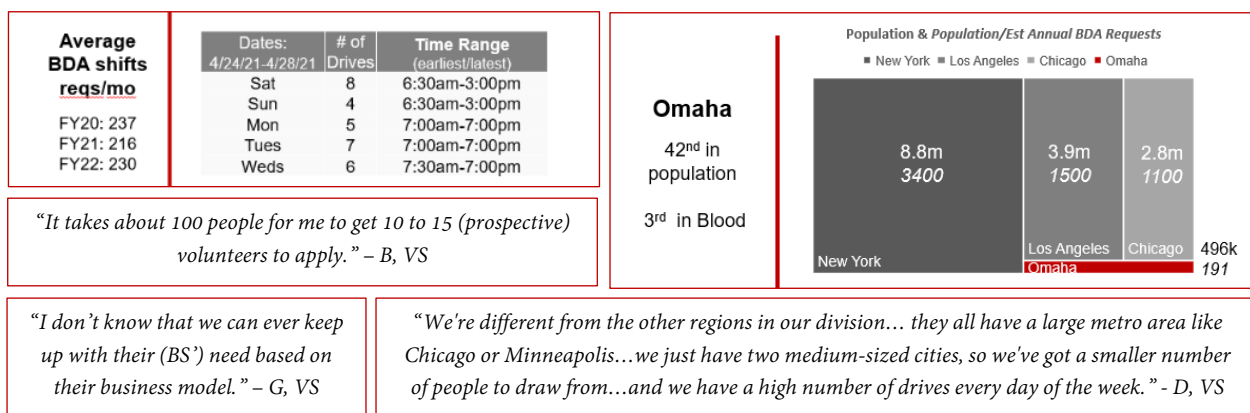
Figure 14. Evidence related to the demand-driven and formulaic nature of DC BDA need

<p>Formula to Define BDA Optimal Need:</p> <p>Step 1: $S \times L = H$; Step 2: $H/A = V$</p> <p>Total number of blood drives/entered as shifts in Volunteer Connection (S) x average shift length in hours (L) = worked hours needed (H) Worked hours needed / monthly average (A) of worked hours by position type = total number of volunteers needed (V)</p> <p><i>ARC Business Unit Guidance</i></p>	<p><i>“There’s a mathematical equation that we put into place.” –E, BS</i></p>	<p>Ratio to Determine Shift Requests</p> <p>1 Volunteer: 8 Donors, 1 Donor: 7.5 minutes</p> <p><i>ARC Business Unit Guidance</i></p>
<p><i>It’s the line of service that determines the optimal need.”</i> –F, BS</p>	<p><i>Depending on how many units of blood they’re expecting to collect, it determines how many volunteers there are.” – F, BS</i></p>	<p><i>“If I’m I saying that I need 100 people to cover fixed sites in Douglas County and then I need 78 to cover mobiles...I understand that Volunteer Services may not be able to recruit that many, but I’m still expected to produce.” –F, BS</i></p>
<p><i>“If we cannot come to an agreement, if I think that their recruitment need number is irrationally low and if they (VS) think I am being unreasonable by asking for more for the recruitment need, it can then get escalated...but they are not supposed to be able to edit our optimal need numbers.” – E, BS</i></p>		

Consistently High. Omaha is ARC’s third largest market for blood production in the U.S., which is disproportionately high considering that it ranks just 42nd in terms of population. When Omaha’s population is divided by its total of 2600 BDA shift requests during FY21, this yields about 1 shift request per 191 people, compared to 1100 for Chicago, 1500 for Los Angeles, and 3400 for New York if the same shift request number is applied. There are over 200 blood drives per month, seven days a week in DC. Therefore, the BDA need level does not fluctuate substantially during the year, and there is no indication of any major change to this pattern going forward. The volume of BDA applicants and referrals to BS is

not necessarily commensurate with the magnitude of need for BDAs, and it takes outreach to a large group of people to get a small subset to actually apply. Interviewee B estimated that only ~10-15% of those approached apply. It is thus difficult for recruitment efforts to keep pace with the high level of need. See Figure 15 for illustrative data from shift coverage reports, as well as population data and interviewee quotes regarding the consistently high need for BDAs in Douglas County.

Figure 15. Evidence related to the consistently high nature of DC BDA need



Nuanced. While need for BDAs in DC is consistently high, interviewees point to the fact that underneath the overall numbers, there are variations in relation to relative difficulty *in filling* that need. BDA shifts occur at both fixed and mobile sites, during different seasons of the year, on different days of the week, and at different times of the day. Depending on volunteer availability and other situational factors, as will be discussed further below (PQ3), some sites, seasons, and shift days or times tend to be more difficult to fill than others. Because of this, even if the optimal need number (the number of overall BDA positions) were to be met in DC, there could still be unmet BDA need as it relates to filling specific shifts. See Figure 16 for quotes from interviewees and questionnaire respondents regarding the nuanced nature of need.

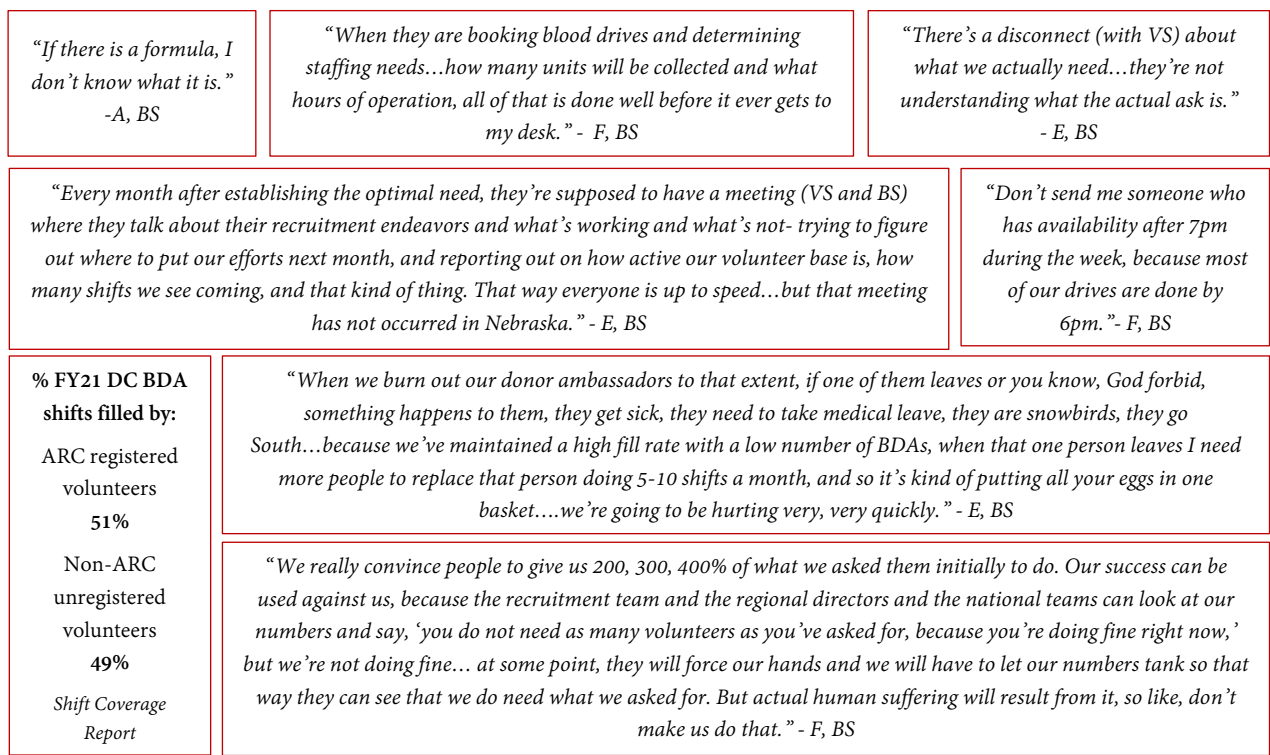
Figure 16. Evidence related to the nuanced nature of DC BDA need



Not Always Clear. Numerous interviewees expressed that they lacked information about or did not fully understand how BDA need numbers were determined, or the rationale behind them. They simply received the numbers and performed their own part of the process from there. Several also expressed that

communication around the nuances underlying the need was insufficient, contributing to a disconnect between VS and BS. Another way in which the need for BDAs is sometimes unclear is that as current BDAs do more than the required one shift per month, and as BS staff find creative ways to fill shifts with informal volunteers, the actual level of need can be masked. At BS's request, many existing DC BDAs have taken on extra shifts to compensate for the shortage. The risk inherent in this is that if a BDA who is filling 5-10 shifts per month leaves, this multiplies the gap they leave, behind and the recruitment effort needed to replace them. For a time, BS had also established a partnership with the United Way which brought in informal volunteers fulfilling mandatory community service requirements to help fill shifts. These unregistered volunteers filled an average of 49% of all shifts in FY21. This bolstered the overall BDA fill rate above what it would have been with registered volunteers alone, obscuring the true magnitude of the shortage. BS staff expressed that filling shifts to meet blood production targets is their top priority, but note that it becomes harder for them make the case regarding additional recruitment need when the metrics show that their shifts are getting filled somehow. See *Figure 17* for data points and quotes from interviewees regarding the degree of clarity about the need for BDAs in DC.

Figure 17. Evidence related to the degree of clarity about the nature of DC BDA need



There are several implications of the fact that need for BDAs is *formulaic and demand-driven, consistently high, nuanced, and not always clear*. Regardless of how easy or difficult it is to recruit or retain BDAs for DC, they are still needed at around the same level. If there is a BDA shortage in the current state, and the *need* side of the fill rate equation is likely to remain consistently high, then recruitment, retention, or both must go up for the fill rate to improve. Additionally, while the rhythm of need is consistently high, there

is often a seasonality to the availability of some BDA volunteers, as will also be discussed further below (PQ3). There may therefore be a need for strategies to secure surge support for times of lower volunteer availability. There may also be a need for a more targeted approach to recruitment to find people whose availability more directly matches up with those shift locations, days, and/or times that are harder to fill. The need is, in theory at least, somewhat predictable because it is formulaic, but if ARC staff involved with the BDA recruitment and retention process are unclear about the nature of the need, they may miss an opportunity to proactively devise strategies to fill it.

Project Question 2

In what ways do organizational factors *facilitate* and/or *inhibit* a) recruitment and b) retention of BDAs in Douglas County?



Finding 2.1 – Interviews, questionnaires,

internal documents, and existing surveys suggest that prominent organizational factors *facilitating* a) recruitment of DC BDAs include ARC’s strong brand and affinity people feel for ARC, connection points of prospective volunteers with blood donation and/or ARC, and the substantial opportunity offering in terms of both the number of BDA shifts, and the meaningfulness of the work. Prominent organizational factors *facilitating* b) retention include matching and expectation setting efforts made by ARC during the recruitment phase, expectations delivered by ARC in terms of the BDA experience, and ‘enhancers,’ or aspects of the experience that go above and beyond volunteers’ expectations.

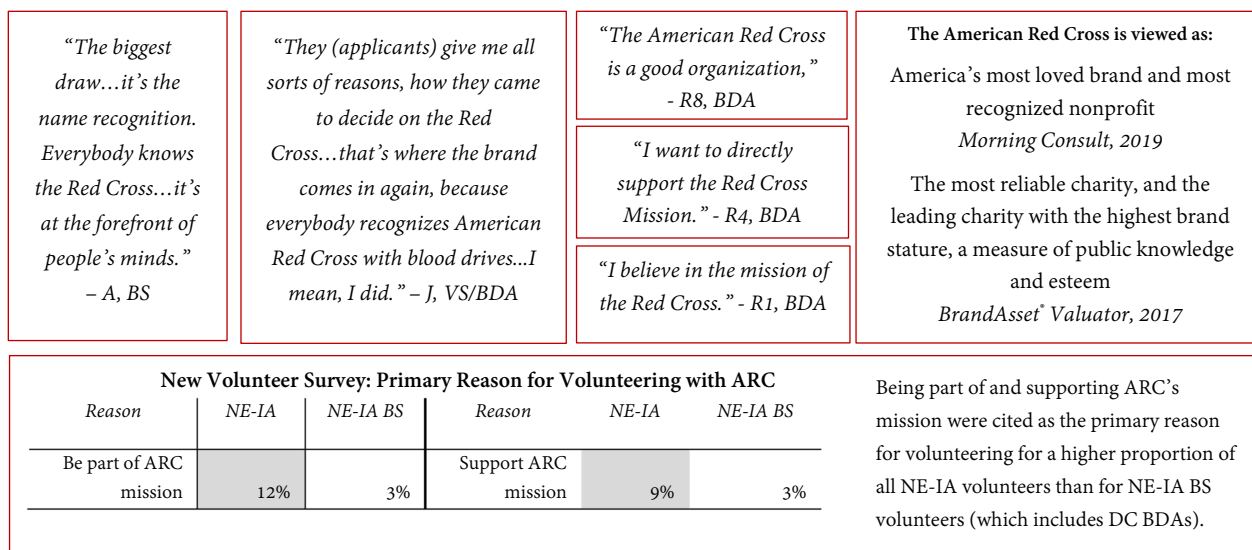
a) Recruitment	b) Retention
ARC Brand & Affinity	Matching & Expectation Setting Efforts
Connection Points	Expectations Delivered & Enhancers
Opportunity Offering	

2.1a - Prominent Organizational Factors *Facilitating* Recruitment

ARC Brand and Affinity. The data suggests that ARC’s brand is a facilitator of DC BDA recruitment. General brand awareness of, and affinity for ARC is high within the pool of potential volunteers. Internally commissioned studies have found ARC’s brand to be the most recognized and reliable among all leading US. nonprofits. For this reason, when prospective volunteers are looking for an organization to volunteer with, they are more likely to think of ARC. When they are approached with information about an opportunity to volunteer with ARC, they are also more likely to respond favorably. Among interviewees and questionnaire respondents, this perception came out clearly as relevant to the DC context. In citing the primary reason they chose to become an ARC volunteer, many New Volunteer Survey respondents

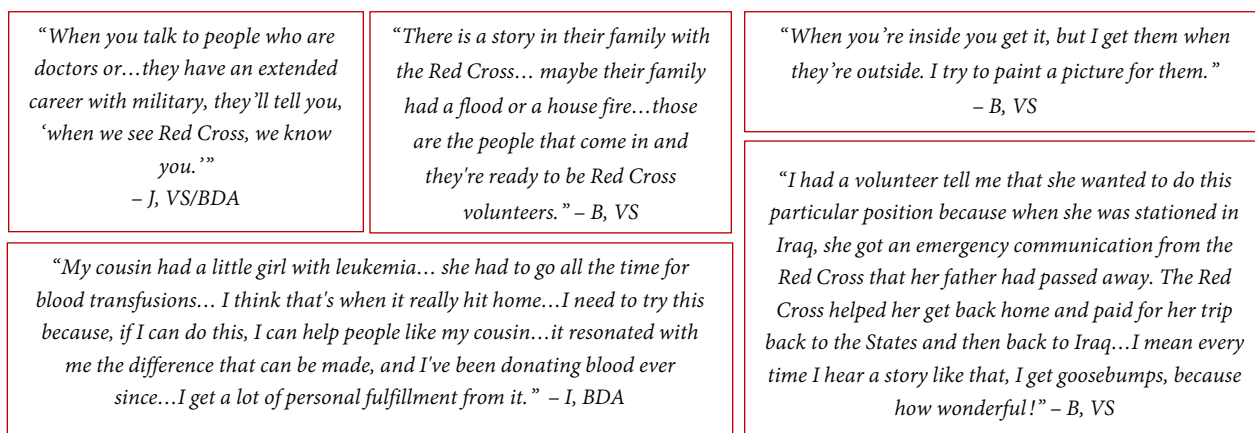
also cited interest in supporting or contributing to ARC’s mission. While ARC brand and affinity for it are generally strong, there are some indications in the New Volunteer Survey data that it might not be quite as prominent among NE-IA BS volunteers (which include DC BDAs) as it is among NE-IA volunteers more broadly. See *Figure 18* for interview and questionnaire quotes and existing survey data related to ARC brand and affinity for ARC as a facilitator of recruitment.

See *Figure 18*. Evidence related to ARC’s brand and affinity for the ARC as a facilitator of recruitment



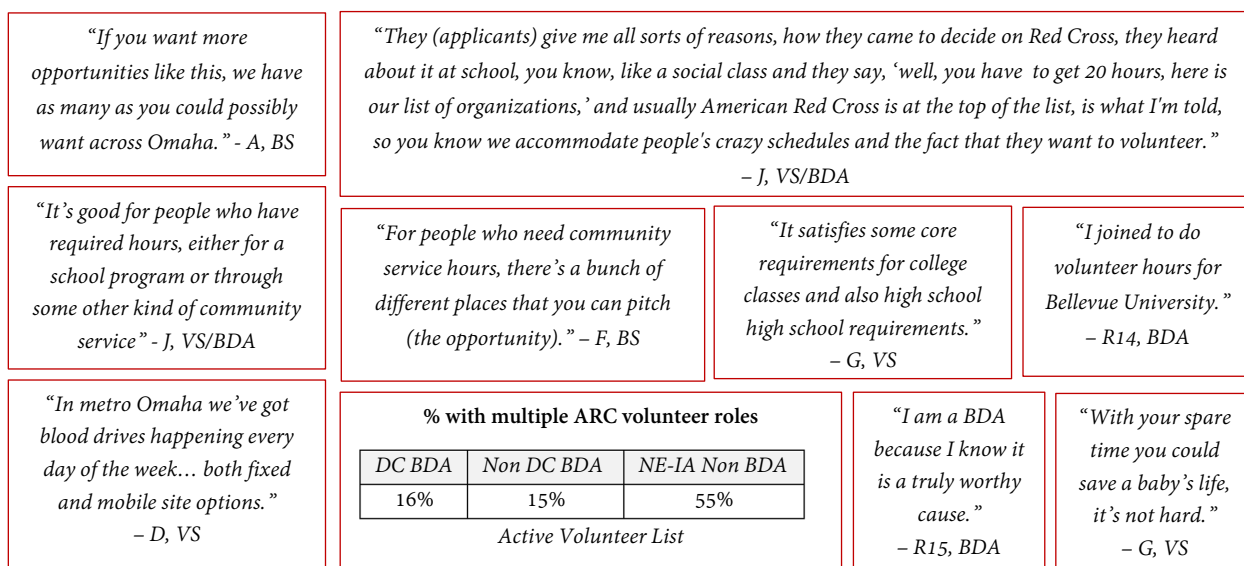
Connection Points. Another strong facilitator of DC BDA recruitment, and one that is related to brand and affinity, is connection points that prospective volunteers have with blood donation and/or to ARC in general. As discussed further below (PQ3, PQ4), people who have these connections constitute distinct segments of prospective ARC volunteers. For many, connections to blood donation, and a related understanding of how important it is, are forged through being a blood recipient or knowing someone who is a blood recipient, and through being a blood donor, former blood donor, or knowing someone who is a donor. Connection points with ARC more broadly are often formed through being helped or knowing someone who was helped by one of ARC array of services, from CPR or first aid courses, to support following a home fire or flood, to receiving assistance as a military family. These connections could also come from working with the ARC, or volunteering with ARC in another capacity. A high proportion of ARC volunteers take on multiple roles during their time with the organization, a group I refer to as “multi-rollers.” These blood donation and other ARC connections offer an entry point for recruitment because they help forge greater familiarity, positive associations, and an emotional connection with ARC. These connection points are powerful, and can leveraged even with those who do not have a connection of their own, as they are able to connect vicariously through the stories of others. See *Figure 19* for quotes about connection points with blood donation and ARC.

Figure 19– Evidence related to connections points as facilitators of DC BDA recruitment



Opportunity Offering. Another organizational factor facilitating recruitment of DC BDAs is the expansive nature of the DC BDA opportunity offering, both in terms of the variety of shifts and the meaningfulness of the work. For those that need or want to do community service, the role offers a reliable opportunity to fulfill this because there are many shift days, times, and locations to choose from. Additionally, once volunteers enter as a DC BDA, there are many opportunities to expand and try other ARC service areas as well, either to fulfill requirements, to build new skills, or to help in different ways. The Active Volunteer List data suggests that doing multiple volunteer roles is less prevalent among DC and non DC NE-IA BDAs than it is among other NE-IA volunteers. This may represent an opportunity to steer other existing ARC volunteers interested in doing more toward the BDA role. In terms of the meaningfulness of the service, the BDA role offers a very concrete opportunity to be directly involved in lifesaving work, which many find fulfilling. See *Figure 20* for quotes and data points related to the opportunity offering.

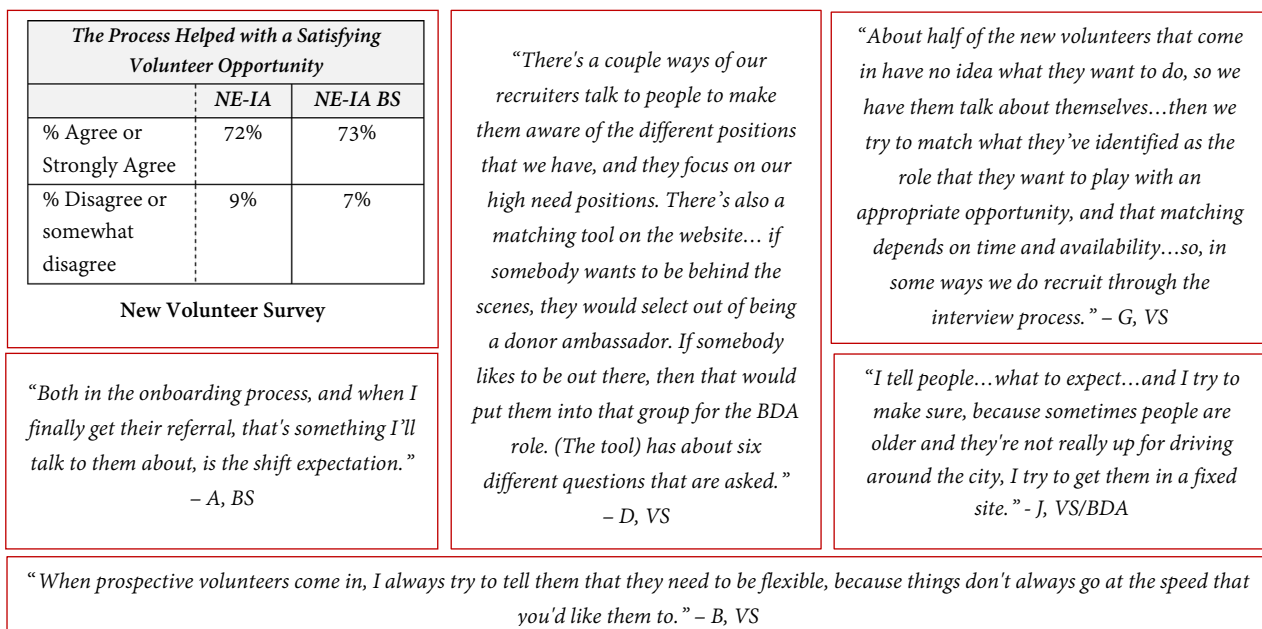
Figure 20. Evidence related to the opportunity offering as a facilitator of DC BDA recruitment



2.1b – Prominent Organizational Factors *Facilitating Retention*

Matching and Expectation Setting Efforts. The data suggests that ARC makes deliberate efforts during the recruitment stage to facilitate matching of volunteers to roles and sites based on their interests, preferences, availability, and needs. It suggests that ARC staff also endeavor to prepare prospective volunteers with information about what to expect from the recruitment process and the role. These efforts are apparent through advertising materials, the volunteer opportunity matching tool on the ARC website, the standard screening questions, and the conversations screeners have with applicants during the screening interview. The New Volunteer Survey also suggests that the majority of NE-IA and NE-IA BS volunteers feel that the application process helped facilitate a satisfying volunteer opportunity. These matching and expectation setting efforts help to facilitate retention because they contribute to greater fit and alignment between the prospective volunteer and the role they take on. This helps the prospective volunteer to make informed decisions and avoid later frustrations stemming from misalignment and unrealistic expectations. These efforts also contribute to the process of organizational socialization and establishing the psychological contract in a way that helps people to transition more smoothly into the role. See *Figure 21* for quotes and other data points about matching and expectation setting.

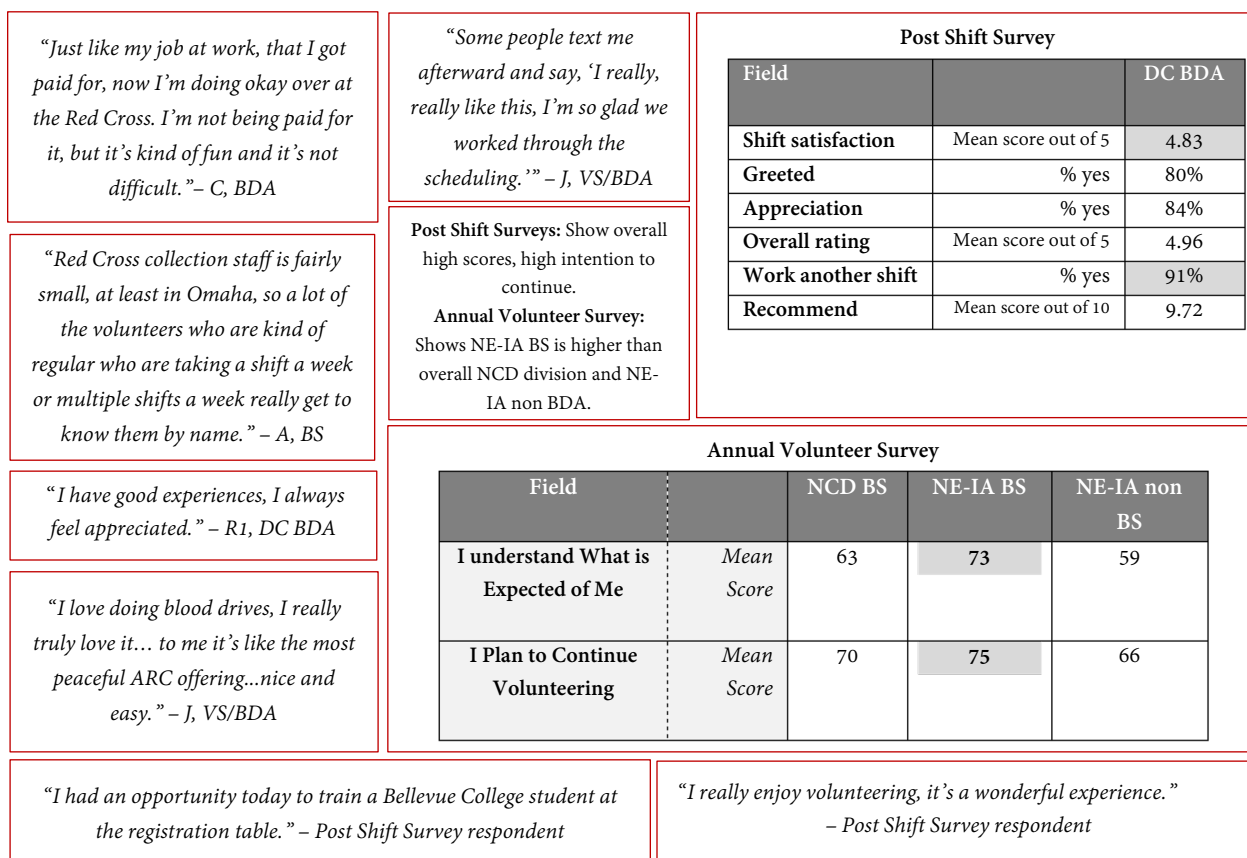
Figure 21. Evidence related to matching and expectation setting efforts as a facilitator of DC BDA retention



Expectations Delivered and Enhancers. In relation to expectations, the matching and expectation setting efforts during the recruitment phase not only enhance fit, but also increase alignment of expectations such that the applicant has a more realistic sense of what they are getting into. This contributes to the establishment of the psychological contract. If volunteers in turn find that this

experience is what is delivered, this strengthens their sense of affiliation, and thereby facilitates retention. One example of an expectation that ARC seems to be delivering on in the context of DC BDA experience relates to the meaningfulness of the role. What motivates many people to consider joining is that they want to help others. They are finding that the BDA experience delivers the opportunity to do this. Some find the experience to be even more meaningful than they originally expected, expressing a growing sense of enjoyment, purpose, and commitment. Enhancers, or elements that seem to contribute to a positive experience even above and beyond what is expected, also contribute to BDA retention. Examples of enhancers include a team attitude among those helping with the blood drive, feeling useful and helpful even beyond the core BDA duties, and having the chance to take on other opportunities. See Figure 22 for questionnaire and interviewee quotes and data points related to expectations delivered and enhancers.

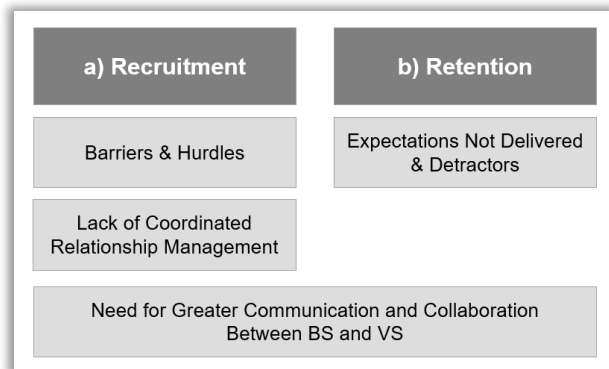
Figure 22. Evidence related to expectations delivered as a facilitator of DC BDA retention.



The data suggests that there are strong organizational factors that serve as *facilitators* of recruitment and retention of DC BDAs. Because there is a persistent gap between the need for BDAs and the number of BDAs available to fill that need, these facilitators clearly are not sufficient in and of themselves to resolve the shortage, but they do offer strengths to build on. By better understanding these elements, ARC can consider whether there are ways to further leverage them, in conjunction with other strategies geared toward mitigating the *inhibitors* that I will discuss in the next section.



Finding 2.2ab - Interviews, questionnaires, and existing surveys suggest that prominent organizational factors inhibiting a) recruitment of BDAs in DC include: barriers and hurdles to entering or progressing through the recruitment process, and lack of coordinated relationship management among ARC stakeholders. Prominent organizational factors inhibiting b) retention include expectations not delivered and detractors from the BDA experience. One factor *inhibiting* both a) recruitment and b) retention is the need for greater communication and collaboration between ARC staff who play a role in DC BDA recruitment and retention, particularly BS and VS.



2.2a – Prominent Organizational Factors Inhibiting Recruitment

Barriers and Hurdles. In terms of organizational factors inhibiting recruitment, the data suggests that there are some barriers that prevent prospective volunteers from entering, and some hurdles that can make it harder for them to progress through the process. *Barriers* include ARC’s “non-negotiables,” or formal requirements around which they will not or cannot extend flexibility because of agency policy, legal requirements and/or considerations related to the safety and protection of program participants. These non-negotiables include signing off on the ARC code of conduct, completing a background check, and being willing and able to adhere to COVID-19 protocols. Prospective volunteers who cannot meet these requirements are excluded from entering. There are other parts of the process that must be successfully navigated to continue moving forward to the next step. These include completing the online application, participating in the screening interview, responding to the referral email within a certain number of days, setting up the departmental interview, doing the online training, signing up for the first shift, and subsequently completing at least one shift per month.

Hurdles include aspects of the process that may be challenging for some volunteer segments to navigate, such as the use of technology to find the BDA opportunity posting, complete the application, sign up for blood drive shifts using the app, and log hours in Volunteer Connection (ARC’s online system). The data suggests that those of retirement age tend to be less comfortable with this than other segments. ARC has noticed that some people do drop off at the various transition points between when they hear about the BDA opportunity and when they become an established volunteer. The data suggests that some applicants

would prefer to have more support or communication from ARC in navigating these hurdles than ARC currently offers. However, NE-IA and NE-IA BS New Volunteer Survey results about the application process are generally positive. See *Figure 23* for quotes and data points about barriers and hurdles.

Figure 23. Evidence related to barriers and hurdles as an inhibitor of DC BDA recruitment

<p>“Nobody was calling them (BDA applicants), and they weren’t sure who to call... they’re hoping for a call of welcome... some human contact.” - G, VS</p>	<p>“There’s minimal requirements...that is a bottom line that I don’t see the organization being able to be flexible on...If they’re not doing background checks, then they do not qualify as a Red Cross volunteer.” – G, VS</p>	<p>“Everyone needs to pass a background check, but...they don’t want to put their social security number online...my parents’ generation was raised that you don’t do that....it’s a very real concern for them.” - F, BS</p>	<p>“It seems like people are not quite sure...when it comes to a system like Volunteer Connections, some people don’t want to feel dumb. People 50% understand the process...there’s something that isn’t copacetic.” – J, VS/BDA</p>
<p>“I try to make sure that I have an open communication flow with the new people, but sometimes it’s like boom, boom, boom you don’t get a chance to encourage them...I think sometimes there’s an encouragement lack.” – J, VS/BDA</p>	<p>“They (BDAs) have to schedule the shifts themselves. That might be a hindrance.” - H, VS</p>	<p>“There are people who come in as a prospective volunteer and think, ‘all I have to do is apply and then I’m a volunteer.’ Then I have to be the person that says no, we’re going to get you through an application process, it’s going to take 7- 10 days, and then you’re going to go to your department, and then you’re going to do training... If you’re Type A this might not be the volunteer opportunity for you...you’re going to get frustrated.” – B, VS</p>	
<p>“Once they apply, we really have no eyes on them at all...just to see that these are numbers that I need to have where I need them... it kind of takes the personal aspect out of it.” – H, VS</p>	<p>“How the recruitment is being done does not necessarily align with who we are recruiting. If we are entirely posting things on the Internet for a demographic that doesn’t want to use a computer... I think the biggest driving force to having successful recruitment initiatives is understanding where your potential volunteers are going, and showing up there. They (VS) have to have solutions about how to walk these people through how to do this (the online application)...everybody’s up there in age so that is a hurdle, and something they have to try to figure out.” – F, BS</p>		

Field	Total %:	NE-IA	NE-IA BS	Notes
Application Process was Clear and Easy	Agree or Strongly Agree	81%	76%	The results are positive overall, slightly lower on process for NE-IA BS. Communication has a higher % of somewhat disagree/disagree, and strongly disagree for both NE-IA and NE-IA BS, suggesting that some new volunteers desire more contact.
	Disagree/Somewhat Disagree	7%	6%	
	Disagree			
Process Helped Satisfying Volunteer Opportunity	Agree or Strongly Agree	72%	73%	
	Disagree/Somewhat Disagree	9%	7%	
	Disagree			
Received Adequate Communication During Application Process	Agree or Strongly Agree	74%	75%	
	Disagree/Somewhat Disagree	10%	13%	
	Disagree			
	Strongly Disagree	4%	3%	

Lack of Coordinated Relationship Management. Based on the data, another factor that may be inhibiting recruitment is that there seems to be an overall lack of coordinated relationship management by ARC with external stakeholders in the context of DC BDA recruitment. These stakeholders include

people at potential community partner institutions, and people who could serve as a gateway to establishing reliable pipelines of high potential groups into the BDA role. While there are examples of positive external relationships, these seem to be ad hoc and dependent on personal networks as opposed to being institutionalized. This can pose a challenge for continuity if the relationship holder leaves ARC. Across ARC’s various lines of service and functional lines, there are many different touchpoints with area institutions and groups, but these are not necessarily coordinated in a strategic or systematic way.

Workload and role clarity both seem to be constraints making it harder for ARC staff to establish and cultivate these relationships. Developing community partnerships not only requires the initial point of contact, but also a heavy investment in relationship building and follow up. This is an investment that does not always yield a return, and progress can be set back if the contact at the institution turns over. However, if done strategically, these partnerships do have the potential to open doors to a reliable flow of volunteers. There are many ideas among ARC staff about opportunities and relationships that could be fruitful to explore, but any given recruiter is responsible for a large and often expanding territory and multiple lines of service, and there does not seem to be dedicated bandwidth available to follow up on prior outreach they have made with groups. While community engagement is a key element of the most recent ARC Recruitment Strategy, it is not clear among the current players who is responsible for initiating, owning, and cultivating these relationships over time. Further, it seems that norms around use of ARC’s Salesforce-based client relationship management system for this purpose are not well established. See *Figure 24* for quotes related to the lack of coordinated relationship management.

Figure 24. Evidence related to lack of coordinated relationship management as an inhibitor of DC BDA recruitment

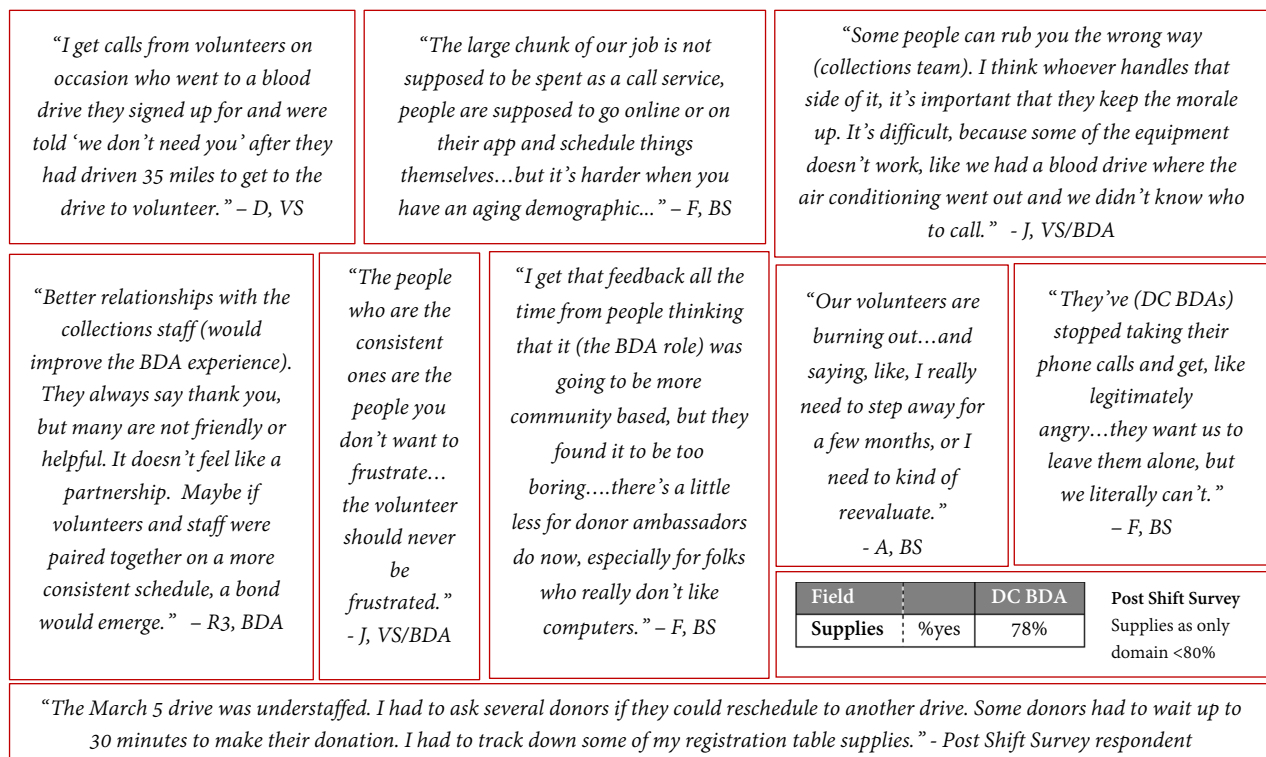
<p>“(We need to reach out to) schools and programs that have a community service requirement and really make sure that we’ve wired in the connection there.” – D, VS</p>	<p>“You don’t want to step on their (VS) toes, but I know that in Omaha specifically my (BS) staff member has done an awful lot of recruitment...he’s trying to get nursing partnerships, he has tried to get college partnerships.” – F, BS</p>	<p>“I don’t really have a lot of partnerships or relationships, nothing that has been inherited.” – H, VS</p>	<p>“Each one of our service lines uses community partners differently, and has community partners, but I’m not sure we’ve ever put them all on paper so that we would have that knowledge somewhere and be able to support each other...we have a baby CRM, it’s not really that functional, it’s incomplete.” – B, VS</p>
<p>“I used to have two territories, now I have three, plus the mission committee and diversity committee...it’s a lot of pressure.” – H, VS</p>	<p>“Their (VS) team, I think, is one recruiter left, it’s small...it’s a lot for just 1-2 people.” – F, BS</p>	<p>“We have six boards of directors...and they reach out to their people, which would be their companies or the Rotary Clubs or something like that. We trust them to provide that ‘extra’, you know passing off our information.” – B, VS</p>	
<p>“I only had two regions, now I have six that I oversee.” – E, BS</p>	<p>“I know her (VS recruiter’s) territory has grown exponentially.” – G, VS</p>		

2.2b – Prominent Organizational Factors *Inhibiting Retention*

Expectations Not Delivered and Detractors. As discussed above, there is evidence suggesting that ARC delivers on many of the expectations and terms of the psychological contract that it establishes with new volunteers during the recruitment phase, and that this facilitates retention. However, there are also some expectations that are not delivered, and these can be an inhibitor of retention. ARC communicates throughout the process that its request of BDAs is to give one shift per month. However, because of the shortage in DC, BDAs have been repeatedly asked to do more than that. While many have been willing to step up and go above and beyond, many have also become burned out. Others have grown tired of, or even angry about being contacted by ARC about this need. In addition to the shift expectation issue, some DC BDAs express that they had expected that the role would be more active and involve more interaction with people than they ended up experiencing.

Detractors, or aspects that take away from the overall BDA experience, also inhibit retention. One example is that BDAs tend to have a less positive experience when a blood drive does not go smoothly. Other examples of detractors include insufficient supplies, lack of a team spirit, and not being recognized by ARC collections staff as a veteran BDA. Underlying these detractors are subtle expectations from the BDAs' side. Being aware of and minimizing these detractors, particularly for the most consistent, long-serving and highly engaged volunteers could help minimize frustration and maximize retention. See Figure 25 for data points and quotes related to expectations not delivered and detractors.

Figure 25. Evidence of expectations not delivered and detractors as a factor inhibiting retention of DC BDAs



"I would say the most common complaint I get is mostly due to regulations with COVID. We had a lot of new requirements brought down by the various organizations that can oversee us...it's contentious for these people, especially people who had been volunteering for years and had been pretty much the same process all the way through." -A, BS

"I've been at the fixed site, and we've had to turn people (blood donors) away. I've had a couple of people get really frustrated, and it wasn't their first time having that happen...it's really hard, because you try to message it in the friendliest way possible, but I don't blame them for being frustrated. I wish there were a way we could have people on standby or something. A couple times, I've also been signed up to volunteer and then the drive gets cancelled, so I think that happens, sometimes." - I, DC BDA

*"My only recommendation would just be around consistency between the different locations. I never quite know what to expect."
- R 6, BDA*

Annual Volunteer Survey						Shift Coverage Report	
Field		NCD BS	NE-IA BS	NE-IA Non BS	Notes	Period	Avg # of shifts per volunteer/month
Volunteer Experience Rating	Mean	40	28	34	NE-IA BS lags both. Dip in FY21, Q1 is common, possibly pandemic related.	FY20	11
	Trend	Stable overall, slight uptick in FY20, Q4; dip in FY21, Q1.	Large dip in FY21, Q1; recovery, then another dip in FY22, Q1	Stable, then upward trend from FY21, Q2 on.		FY21	7.5
I Feel I am a Valuable Member of the Team	Mean	54	43	50	Lower scored survey domains overall, suggests room for improvement.	FY22	5
	Trend	Stable overall, dip in FY21, Q1; slight uptick in FY21, Q3	Stable overall, small dips in FY21, Q1 and FY22, Q1.	Stable overall, except for a dip in FY21, Q1		Aug	4.5

Average per volunteer shifts far exceed one, the expectation communicated during recruitment

2.2ab – Prominent Organizational Factors Inhibiting Recruitment and Retention

Need for Greater Communication and Collaboration Between ARC Stakeholders. The data suggests that there are some challenges related to communication and collaboration among the ARC stakeholders who play a role in BDA recruitment and retention, and that this is an inhibitor of both. Of the nearly 230 transcript excerpts to which I applied the subcode for *"communication, collaboration, relationships and information access among ARC staff,"* only about 10-15% were positive or neutral. The positive examples of collaboration seemed to be mainly at the team or function level, rather than across the VS and BS lines of service. Subthemes that I noted included the use of "us vs them" type language, differing metrics and priorities, lack of information or line of sight across the entire BDA recruitment and retention process, and the need for more listening and trust building. The language choice in several instances suggests that each group (VS and BS) worries that the other does not understand, or is not stewarding its needs appropriately, and tends to attribute the root cause of the BDA shortage to the other. Further, whereas VS needs BS to follow procedures and prioritizes handling volunteers with care because they view them as important in their own right, BS' interest in the recruiting conversation is focused on filling the shift need in order to maximize blood production, which is their top priority.

Additionally, several interviewees expressed that they did not know what others do, or see only their own part of the process. While some indicated that it would add value to have access to more information, they also seemed tentative about stepping on toes, or "out of their lane." Meetings that typically happen are not always taking place, and those that do occur strike some participants as ineffective. Multiple interviewees

from both VS and BS suggested that people are sometimes more focused on what they want to say than on listening. Multiple interviewees also noted that while creativity and openness to new ideas are important to BDA recruitment, some exhibit a closed attitude, concluding that ideas will not work even before trying them. These dynamics seem to be feeding a sense of mistrust and cynicism between VS and BS. This is not atypical in organizations, and may have roots in BS' history of being relatively separate from the rest of ARC. However, given the interdependencies between the VS and BS functions in relation to BDA recruitment and retention, this is not conducive to an improved BDA fill rate. Despite these challenges, there is evidence of a strong underlying commitment by staff to ARC's mission, love for the work, and acknowledgement of the challenges faced by others. This may offer a positive asset for ARC to build on in forging stronger communication and collaboration. See *Figure 26* for quotes related to this finding.

Figure 26. Evidence related to lack of communication and collaboration as an inhibitor of DC BDA recruitment and retention

<p><i>"BS has a different view of volunteers and considers to them to be expendable...they're really quick to dump them...it's a money-making machine and they have their priorities."</i> - G, VS</p>	<p><i>"Once I let them go, I don't really know what happens to them...how far they went...I know I'm supposed to just cut it off."</i> - J, VS/BDA</p>	<p><i>"I'm not aware what their protocol is."</i> - G, VS <i>"Some of those details are well outside of my purview."</i> - J, VS <i>"I'm not privy to that information."</i> - H, VS <i>"I'm not privy to that information."</i> - B, VS <i>"I have no idea what they do over there, I have no idea."</i> - B, VS Privy to = allowed to know about (Merriam-Webster)</p>		
<p><i>"It's just not worth it to go through that entire process to have someone on our books not doing one blood drive a month, and not to sound too callous about it, but for every person who sits on our roster not doing anything it actually does negatively affect all of our metrics."</i> - F, BS</p>	<p><i>"We've been leaning on things that have been successful in other regions and trying to get those exact same things in Omaha, and it's roadblock after roadblock...they say it won't work."</i> - E, BS</p>	<p><i>"A recruiter needs to have enough information to tell the big picture. Sometimes we're asked questions and can use that information to bring somebody in. It used to be easy to call someone and get information in 5 minutes, but not now."</i> - B, VS</p>		
<p><i>You can't just say it's all one Red Cross and just declare it...it's not magic...it's work"</i> - G, VS</p>	<p><i>"So much of what we do requires us to work with other departments that are on the other side, so they did a One Red Cross Initiative and they realigned everything so that way biomed became what is called a line of service."</i> - F, BS</p>	<p><i>"DC seems to be the hub of what works and doesn't work in the (VS/BS) relationship... the best thing would be to put them all in a room for 48 hours."</i> - B, VS</p>	<p><i>"It's not good to say that this is the magical bullet right, but we could try it...at least we would try it and fail together."</i> - E, BS</p>	<p><i>I've been in meetings where people are not necessarily listening for understanding... they're not listening...they don't care what my fill rate is."</i> - E, BS</p>
<p><i>"Just this week we had a meeting for the first time...normally it should be very helpful, but this last one we had was a train wreck."</i> - D, VS</p>	<p><i>"The engagement calls, where we get (BS and VS) together on one call and we talk about all of our successes we talk about our challenges...we haven't been doing that in Omaha."</i> - E, BS</p>	<p><i>"Maybe we're just tired, but when we talk about those new unheard of crazy ideas, there is always a yeah but, yeah but...there's always a reason it won't work and we haven't even tried it...there's a difference between it's work and it won't work"</i> - G, VS</p>		
<p><i>"I just love that about our Red Cross...I'm sure there are some judgmental people, but I think everybody...is just there to help people, and whether it's blood or disasters or whatever smoke alarms, I just like it all. I'm the crazy Red Cross lady!"</i> - J, VS/BDA</p>	<p><i>"It's a difficult place for everybody to be in...Douglas County has been at the forefront of a lot of conversations for a long time...It's not that we're not grateful for what they're doing... we understand, we used to have to recruit our own volunteers, so we know how difficult that is."</i> - E, BS</p>			
<p><i>You don't want to step on their (VS') toes."</i> - F, BS</p>	<p><i>"Retention is our number one issue."</i> - D, VS</p>	<p><i>"Biomed is a little different than the other side."</i> - F, BS</p>		

Project Question 3

In what ways do individual factors facilitate and/or inhibit a) recruitment and b) retention of BDAs in Douglas County?

➡ **Finding 3.1ab** - Interviews, questionnaires, and existing surveys suggest that a prominent individual factor *facilitating* both a) recruitment and b) retention is strong fit on the part of prospective volunteers, stated elements of which include alignment of availability with need, ability to meet ARC expectations and requirements, and external and client service orientation, and subtle elements of which include communicativeness, flexibility, and self-sufficiency. Another prominent facilitator of both recruitment and retention is strong interest on the part of prospective volunteers, elements of which include desire to help others, connection to blood donation, connection to the ARC, desire to build experience, and a requirement or desire to participate in community service.



3.1ab – Prominent Individual Factors Facilitating Both Recruitment and Retention

Strong Fit. The data suggests that strong fit for and interest in the BDA role facilitates both recruitment and retention. Fit relates to ability to meet ARC’s non-negotiables and other requirements and expectations. Some prominent elements of fit are clearly stated by ARC, as described above (PQ2), including ability to pass a background check, alignment of availability with need and ability to complete at least one shift per month, some facility with computers, and capacity to positively engage with the public. Some elements are more subtle, including exhibiting communicativeness, flexibility, and some degree of self-sufficiency to navigate the application process, sign oneself up for shifts, and log hours in Volunteer Connection. Strong fit facilitates recruitment because prospective volunteers who meet the elements of fit are more likely to successfully navigate the barriers and hurdles and make it through the various stages of the process. Strong fit facilitates retention because when volunteers are in a role that is well-aligned with their individual situation, abilities, and preferences, they are less likely to be frustrated and more likely to be satisfied and continue to engage. See *Figure 27* for quotes related to fit.

Figure 27. Evidence of elements of strong fit as a facilitator of DC BDA recruitment and retention

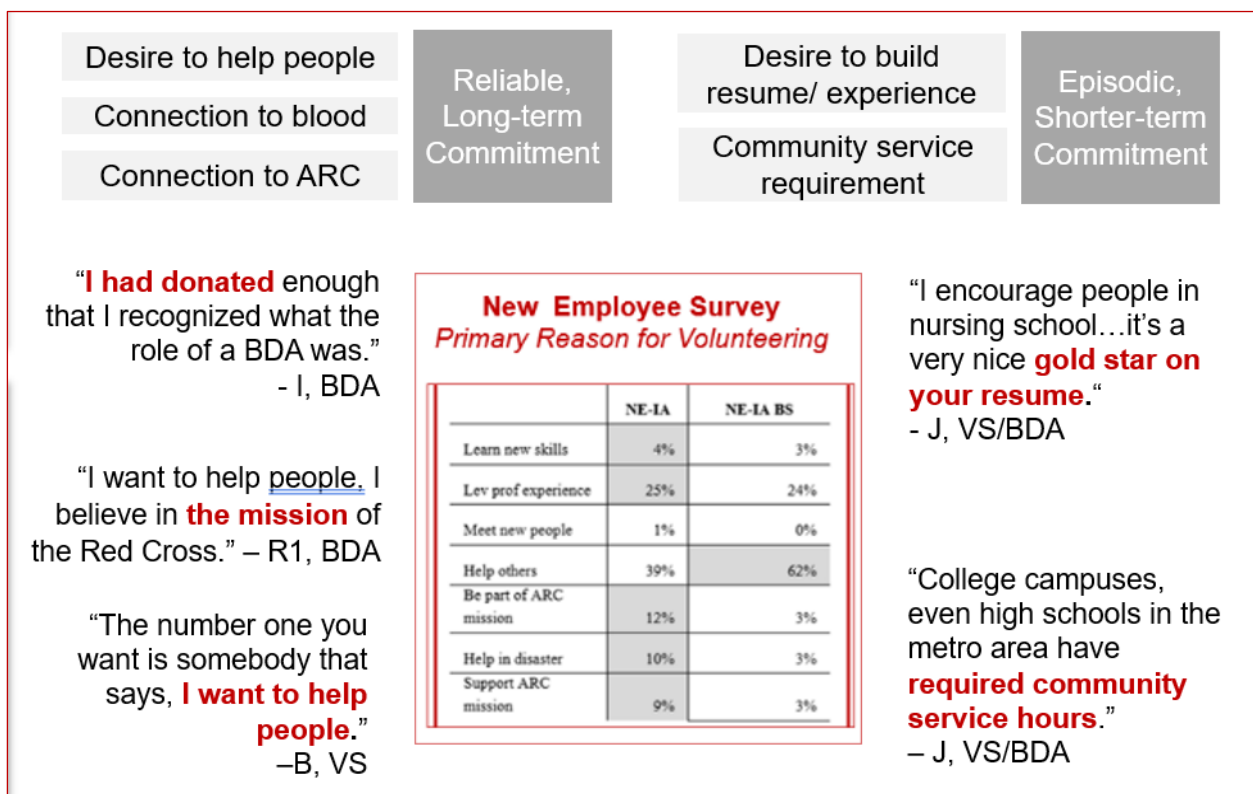
<p>“They all go through that same onboarding process and go through the background check, which is obviously better for a lot of reasons, but it does eliminate a lot of those volunteers who only needed four hours of community service.” - A, BS</p>	Stated	Subtle	<p>“I donate, so I had a pretty good idea of what it is to just walk in and do the BDA job.” - C, BDA</p>
	<p>Alignment of availability with need</p> <p>Ability to meet ARC requirements</p> <p>External/client service orientation</p>	<p>Communicativeness</p> <p>Flexibility</p> <p>Self-sufficiency</p>	
<p>“Don’t send me someone who has availability after 7pm during the week because most of our drivers are done by six.” - E, BS</p>	<p>“There could be a bigger focus on attracting younger volunteers with flexible schedules, like college students.” - R4, BDA</p> <p>“Every volunteer in the organization needs to pass the background check.” – F, BS</p> <p>“You can do some things on the computer, you’re personable and friendly.” – D, VS</p>	<p>“Some will answer on the first call, sign up for drives...with that pattern and you can see within the first month if they’ll be engaged.” – A, BS</p> <p>“To be Red Cross, you have to be flexible.” – B, VS</p> <p>“They (BDAs) have to schedule the shifts themselves.” - H, VS</p>	<p>“Some of the people that VS has sent that we’ve had to reject do not fit the mold of what we’re looking for.” - F, BS</p>
	<p>“That’s true of almost every volunteer position...there’s a minimum amount of engagement, you have to do. You have to stay trained.” – F, BS</p>		

Strong Interest. Some prominent elements of strong interest in the DC BDA role that are apparent in the data include desire to help others, desire for a sense of purpose, blood donation connection, and ARC connection. Many of the questionnaire and new volunteer survey respondents across age groups and professions selected *desire to help* as the top reason that they became a BDA or ARC volunteer. Interviewees suggest that many of those in the retiree segment appreciate the opportunity to get out of into the community and do something meaningful. Those with a blood connection could be current blood donors, blood donors who are deferred (unable to keep giving), or those who are related in some way to a blood recipient. Those with an ARC connection might include existing staff or volunteers who are looking for opportunities to branch out and contribute in different ways. They might also include people who have benefitted from or know someone who has benefitted from another ARC service.

A second group of elements of strong interest that came out in the data includes: desire to build resume or experience, and community service obligation. Those segments most likely to be motivated by interest in building resume or experience include nursing or other students with a connection to medical studies. Those whose potential interest in the DC BDA role stems from a community service obligation include high school or college students whose institution has a community service requirement in place, or those with a court ordered requirement. Company employees may not necessarily have a community service requirement but may be looking for opportunities to fulfill a community service incentive or time off allowance offered by their company. Other community group members, such as churches and faith-based groups, or other affinity groups such as Rotary Club members may also have some interest in community service, even if it does not stem from an explicit requirement.

Those whose interest in the DC BDA role stems from the first set of interest elements tend to be the more reliable, longer-term volunteers. This could be because their engagement is more intensely rooted in an emotional connection or altruism. Those who are interested in the DC BDA role in relation to the second set of elements tend to be more seasonal or short-term. This engagement may be more instrumental. While the first set is desirable as prospective volunteers because of their deep commitment, numerous interviewees pointed out that both groups are capable of filling DC BDA shifts, which is ultimately the objective. Understanding the elements of interest can help ARC to tailor messaging and target outreach in a way that individuals in these groups may be more prone to respond to. Additionally, in pursuing both, it would be helpful for ARC to understand the mix of types within the DC BDA ranks so that they can anticipate the recruitment implications of any attrition. See *Figure 28* for quotes related to strong interest.

Figure 28. Evidence of strong interest as a facilitator of DC BDA recruitment and retention



DC BDA Questionnaire: I am a BDA because: ____

“I want to directly support the Red Cross Mission and feel like I am contributing to my community.” – R4

“I wanted to help out volunteering somewhere, and the American Red Cross is a good organization, and I have been donating blood myself for about forty-five years.” – R8

“I have been a blood and platelet donor for 45 years and strongly believe in the Red Cross mission.” – R9

“I like to help.” – R10

“I enjoy helping others and value the services the Red Cross provides.” – R2

“It is a real experience with people and deadlines.” – R12

“I know it is a truly worthy cause and I like being able to assist others.” – R15

“I’m interested in the medical field and I love helping people...I also want to work on my people skills.” – R16

“I used to donate, but now have atrial fibrillation and take blood thinners. My wife suggested I try being a BDA. So far, so good” – R18



Finding 3.2ab - Interviews, questionnaires, and existing surveys suggest that a prominent individual factors *inhibiting* both a) recruitment and b) retention includes situational factors related to the volunteers' circumstances, while an additional individual factor *inhibiting* a) recruitment is lack of awareness of the need for BDAs.

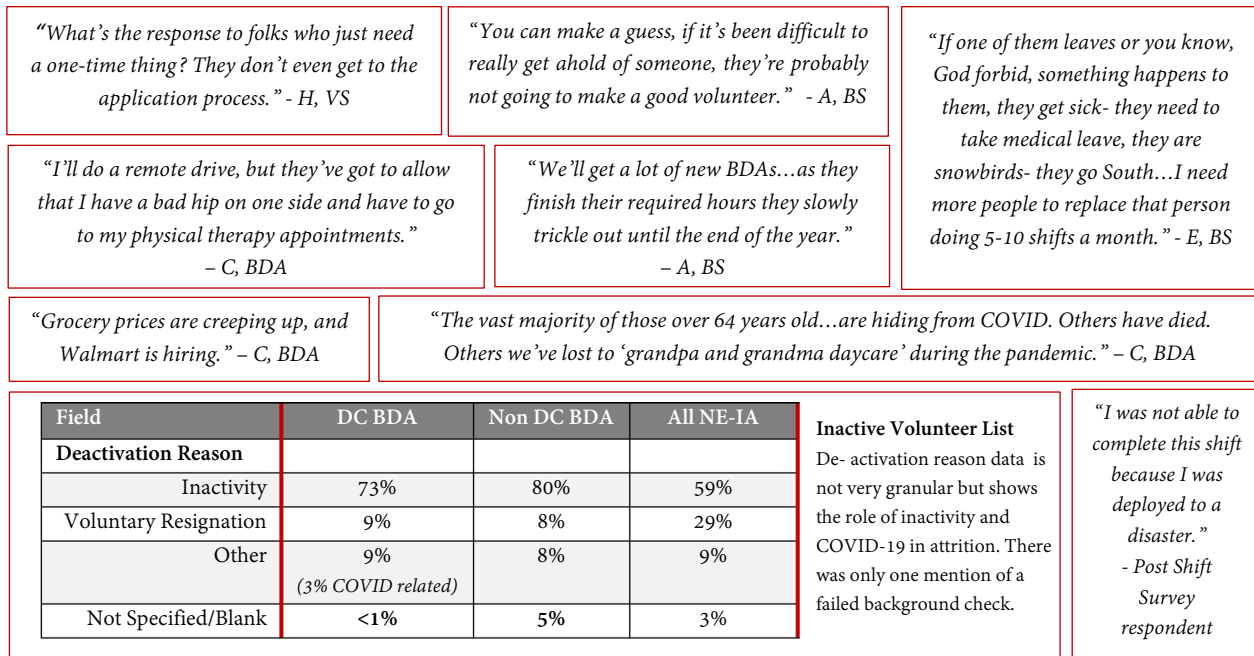


3.2ab – Prominent Individual Factors *Inhibiting* Recruitment and Retention

Situational Factors. The data suggests that situational factors can inhibit both recruitment and retention. Examples of situational factors inhibiting recruitment include several related to weak fit, such as availability that does not match up with need, or circumstances that make it harder to navigate the process, like lack of access to or facility with technology, or inability to pass a background check. Examples of situational factors that inhibit retention include circumstances like reduced availability due to familial responsibilities or the need to take up a job due to economic circumstances. It could also include the end of a community service requirement, moving away from the area, or a physical condition that arises and impairs mobility or stamina.

Some situational factors are highly individualized, affecting just one BDA or prospective BDA, like a mobility or health issue. Others tend to affect entire segments or subgroups of segments more commonly, such as a change in a community service requirement at an area college, or life stage related changes to availability, such as becoming a parent or starting a full-time job. Finally, some situational factors tend to have a broader effect on the overall pool of prospective or existing volunteers, like the COVID-19 pandemic or the state of the economy. While it is not necessarily within ARC's power to change these situational factors, by understanding and being aware of them, staff can anticipate what the nature of the impacts might be, and where possible, develop strategies for responding to them or options for accommodating them. See *Figure 29* for quotes and data points related to situational factors.

Figure 29. Evidence related to situational factors inhibiting recruitment and retention.

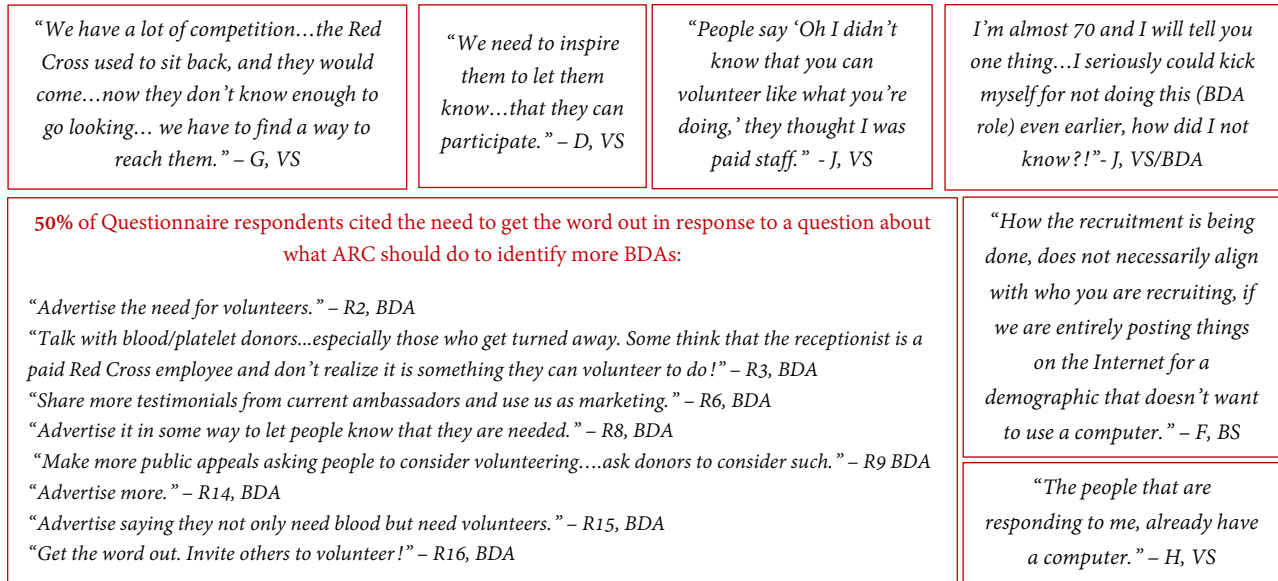


3.2a – Prominent Individual Factor Inhibiting Recruitment

Lack of Awareness of Need. An additional individual factor that I found to be an inhibitor of recruitment was lack of awareness of the need for BDAs among the pool of prospective volunteers. Multiple interviewees and questionnaire respondents mentioned that even among those, such as blood donors, who are exposed to the BDA role and interact with BDAs, many do not realize that it is a volunteer position, that there is unfilled need, and that they could help to fill it. Likewise, among the broader pool of potential volunteers, many people simply do not know about the opportunity.

The BDA position is advertised through various online posting sites and on social media and makes it onto some of the lists of volunteer options at universities and other area institutions. Screeners also mention it as one of the options open to applicants who do not yet know which ARC role they would like to take up. However, there are still segments that do not hear about it through these channels. For example, retirees tend to be less present on social media. Community partnerships might offer another way to systematically communicate need, but the data suggests that these are currently ad hoc (as described above, PQ2). Additionally, the nuanced nature of need (PQ1) might not be fully understood by ARC staff, which in turn makes it difficult to communicate. For example, the fact that there is a particularly pressing need at certain locations, or during certain times of the day or seasons of the year may not be known by prospective volunteers who could potentially fill it. See *Figure 30* for quotes related to awareness of need.

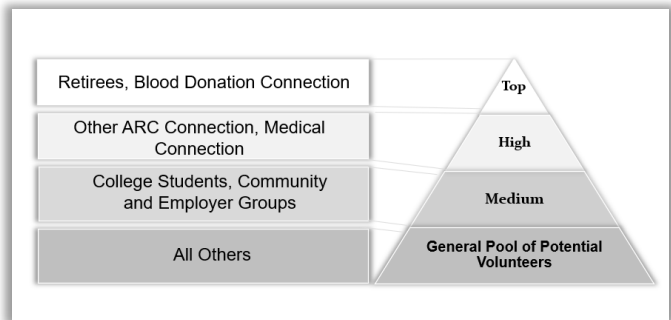
Figure 30. Evidence related to lack of awareness of need as an inhibitor of recruitment



Project Question 4

Which volunteer segments have *high potential* to be interested in, and/or well-suited for the BDA role?

Finding 4 - Interview and questionnaire data, internal documents, and volunteer lists suggest that based on relative level of fit and interest, prospective BDA volunteer segments can be grouped by level of potential, and that *top* potential segments include: those with a connection to blood donation and retirees; *high* potential segments include those with other ARC connections, and those with a medical connections; and *medium* potential segments include college student and members of employer groups or other community groups.



Identifying Segments. Because the need for DC BDAs is consistently high, to improve the fill rate, ARC needs to find a way to recruit and/or retain a higher volume of BDAs for DC, or to encourage even more engagement from current BDAs. ARC staff juggle multiple demands on their time, and in some cases, their portfolios have expanded. While it is clear from the data that they have a sense of who the

higher potential segments are, there are also indications that current approaches do not always apply a high degree of intentionality or differentiation in targeting these groups during recruitment, or in facilitating their entry into the nominee phase and persistence through the process to become established volunteers. By understanding which segments may have the highest potential, ARC can reach them with targeted tactics, messages, and support. To identify the various segments of prospective volunteers, I made a list of those mentioned in the data, including the Active and Inactive Volunteer Lists, internal documents, questionnaires, and interviews. As described above (PQ3), in referencing these same data sources, I also identified elements of strong fit and elements of strong interest, which I considered to constitute high potential for purposes of this project. To answer PQ4, I mapped the segments against the fit and interest elements to determine which of them are most closely aligned.

Some individuals may belong to multiple segments (such as retired and blood donation connection, or ARC connection and employer group). These intersection points enhance level of potential. Another point to note is that for purposes of discussing the tiers, I have grouped segments into overall categories, but within each of these categories, there are additional identifiable subgroups, as discussed in further detail below. This grouping of segments and the assessment of potential are subjective to a certain degree but offer one possible methodology for sorting segments and thinking about which may yield greater return on effort. Finally, there are situational and other fit factors that naturally vary by individuals within segments. For this reason, the screening, matching, and communicating of expectations that ARC does during the recruitment process remains important. See *Figure 31* for an abbreviated version of this mapping. See *Appendix P* for a more detailed mapping, and sample messages calibrated to each segment.

Figure 31 – Summary Mapping of Top, High, and Medium Tier Segments

Upper Tier Segments	Fit	Interest	Overall Potential	Notes * Darker green = higher potential
Blood Donation Connection				Subgroups include blood recipients, those with a relationship to blood recipients, and current and former blood donors. Fit is strengthened by familiarity with the blood donation context, though some aspects may be variable by individual; interest tends to be extremely high due to intense emotional connection, understanding of the importance of blood donation.
Retirees				Fit tends to be high due to flexible schedule, though there are some hurdles to overcome related to technology, or situational factors. Interest tends to be very high due to desire to get out into the community, have a sense of purpose. Tend to become engaged, long-term volunteers.
ARC Connection				Subgroups include past beneficiaries of other ARC services, staff, or volunteers in other ARC areas, Fit tends to be strong because of expectation alignment, having already navigated ARC requirements, though there may be some individual variability. Interest tends to be strong because of emotional connection and affinity to the ARC mission, though possibly not quite as intense as it is for those with a blood donation connection.
Medical Connection				Subgroups include current or retired medical professionals, students in a medical field such as nursing . Fit tends to be strong due to familiarity with the medical context, though variable by individual. Interest tends to be strong due to understanding of the importance of blood donation and/or desire to get community-based experience, leverage experience, or build resume.
College Students				Subgroups may include those in schools or majors emphasizing social service, or student groups interested in community service, such as fraternities or sororities. Fit is strengthened by flexible schedule and facility with technology but weakened slightly by short-term or

				seasonal nature of engagement. Interest is strengthened by school-based community service requirements but tempered by a weaker blood connection. This group is a stronger fit than high school students because high school students have less flexibility and autonomy.
Employer Groups				Subgroups include employees of local companies, or members of local professional groups (like chambers of commerce or trade associations). Fit is medium in that ability to navigate the process is likely high, but availability may be lower. Interest is medium in that employers or groups may incentivize community service, but lower in that this is episodic, and not conducive to an expectation of one shift per month per employee.
Other Community Groups				Subgroups could include church or other faith-based groups, clubs or other affinity groups. Fit is medium in that it would vary greatly by situational factors, interest is medium in that there may be a general interest in community service, but it may not be specific to ARC or blood donation, such that ARC and the BDA might not be a natural first choice.

Figure 32 includes data derived from the Active Volunteer List, which shows the prevalence of some of these groups among current DC BDAs, Non DC BDAs, and other NE-IA volunteers. There are limitations with the data because of the high proportion of volunteers that did not indicate a profession, but comparing DC BDAs, Non DC BDAs, a NE-IA Non BDAs gives some indication of the comparative proportions. “Multi-rolers,” those of retirement age, and those in a health or medical profession make up a relatively smaller proportion of DC BDAs, while students, and those of typical student age make up a higher proportion. See *Appendix C* for additional details.

Figure 32. Relative proportions of select groups among NE-IA volunteers

Field	DC BDA	Non DC BDA	All Non BDA
Multiple ARC Roles	16%	15%	55%
Age Bands			
13-17 years old	17%	4%	9%
18-20 years old	9%	4%	5%
21-24 years old	17%	8%	9%
25-49 years old	33%	12%	29%
50-64 years old	12%	4%	22%
64 and older	9%	16%	23%
Profession			
Student	4%	1%	2%
Health/Medical	5%	11%	9%
Retired	1%	18%	10%
Other	11%	14%	23%
Didn't Indicate	79%	57%	55%

Top Tier Potential. In considering the fit and interest mapping, I identified two top tier BDA segments. The first is those with a blood donation connection. Subgroups include blood recipients, those who have a relationship to blood recipients, and current and former blood donors. The data suggests that there is a deep and emotional association with the cause of blood donation among these groups, often accompanied by an intense desire to give back. This contributes to high interest. Because they are familiar with blood donation, members of this segment have a sense of what the role entails and what the environment will be like, such that their expectations about the BDA experience tend to be more closely aligned with reality. This contributes to strong fit. These factors together may make those with a blood donation connection more prone to respond to the need for BDAs if they are aware of it, and more likely to persist in the role once they enter. As discussed above, the Active Volunteer List data suggests that a higher proportion of current DC and other NE-IA BDAs already do have a blood donation connection than other types of NE-IA volunteers, but there are also indications that there is space to grow this segment more explicitly.

The other top potential prospective BDA volunteer segment is retirees. Their availability is more likely to align with need due to their tendency to have a flexible schedule. This contributes to strong fit. They tend to be motivated by a desire to have a sense of purpose and community connection outside of home, which contributes to strong interest. Among existing DC BDAs, this group has a longer than average tenure, which suggests that they have a tendency to persist and become reliable, long-serving volunteers. This is desirable in the context of high DC BDA need and limited recruitment resources. The areas of weaker fit for retirees relate to barriers associated with lower facility with technology and situational factors that could limit mobility or availability, as discussed above (PQ3). Some of these barriers are currently being addressed through VS' matching efforts, and others could potentially be mitigated through creative solutions, such as offering supplemental support during the recruitment process. Retirement age people make up a high proportion of NE-IA Non BDA volunteers, and a significant but not quite as robust proportion of DC BDAs. This suggests that there may be space to expand market share with this group in DC. See Figure 33 for quotes highlighting interest and fit among these two top tier groups.

Figure 33. Evidence related to top tier potential BDA segments

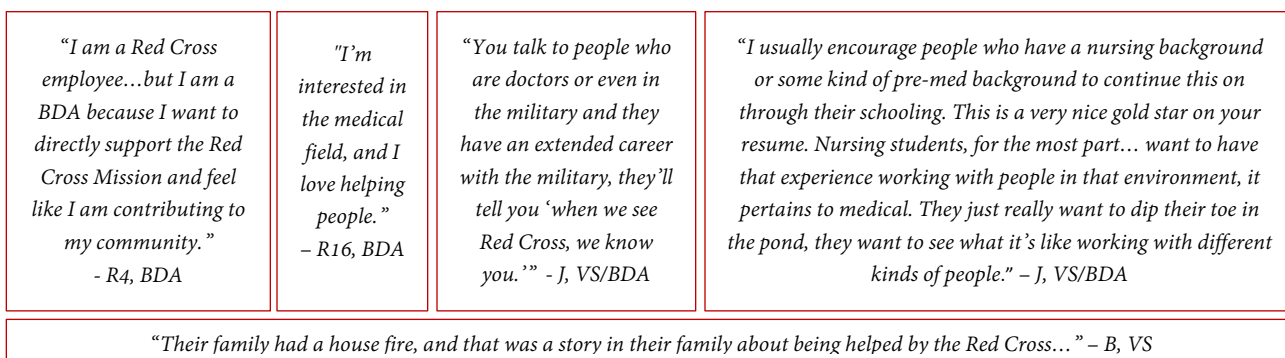
<p>"I am a donor recipient, and someone saved my life." - R6, BDA</p>	<p>"I wanted to help out volunteering somewhere, the American Red Cross is a good organization, and I have been donating blood myself for about forty-five years." - R8, BDA</p>	<p>"I used to donate blood but now have atrial fibrillation and am taking blood thinners. My wife suggested I try being a BDA. So far, so good." - R18, BDA</p>	<p>"I am a long-time platelet donor. When I was deferred for a bit, I decided to volunteer at my donor center as a BDA to still help in some way." - R3, BDA</p>	
<p>"I've been a donor since 1974. I've never had to use the Red Cross services, but I volunteer because I want to keep the services active in case I should need them in the future. I especially enjoy helping first time donors, regardless of age, to learn the process and not to be afraid." - R7, BDA</p>		<p>"Donating blood is important! I (and my mom) wouldn't have survived my birth if donations weren't available 66 years ago. So easy, but too few donate." - R13, BDA</p>	<p>"Our second largest group, and our most consistent group over a longer time is people who are retired." - J, VS</p>	<p>"There are many who've been donors, as far as blood goes, for a very long time, and they are very familiar with the Red Cross. For that reason, in retirement they want to give back and they already have that relationship with the Red Cross." - J, VS</p>
<p>"You know, I think I had donated enough that I kind of recognized what the role of a BDA was." - I, BDA</p>	<p>"I'm retired and bored. Also, I've been donating since 1975." - C, BDA</p>	<p>"Talk with blood/platelet donors...especially those who get turned away/deferred." - R3, BDA</p>	<p>"We have (retired) folks do this several times, a week and I really think it just gives them a purpose and gets them out of the house, and they really enjoy it. They take their job very seriously." - I, BDA</p>	

High Potential. One of the prospective DC BDA segments in the next tier of potential is those with an ARC connection, such as past beneficiaries of other services, staff, or existing volunteers in other areas. This group's level of interest and fit, while not as directly aligned as the top tier, is still strong overall. The subgroup of those who have benefitted ARC services tend to have an emotional connection and positive affinity for ARC, as described above (PQs 2, 3), which contributes to high interest. Familiarity with the

ARC may give them greater facility with and perseverance in navigating hurdles. The subgroup of ARC staff and volunteers tends to have strong fit because in most cases they have already successfully navigated the requirements and barriers associated with entry. They have also already been socialized within the organization and their expectations are thus more likely to be aligned than someone who is entering for the first time. Their interest may not be as directly aligned with the BDA role and the cause of blood donation, but desire to support ARC’s mission has been affirmed by their decision to join and remain engaged through other roles. As discussed, it is common for ARC volunteers to have multiple volunteer roles as they become more engaged (“multi-rolers”), especially as their tenure grows. This suggests growing affiliation, and possibly a source of renewal. The proportion of multi-rolers among both DC BDAs and non DC NE-IA BDAs is lower than for other NE-IA volunteers, suggesting that there could be an opportunity to steer more current volunteers toward the BDA role if they are looking to do more.

Among those with a medical connection, subgroups include retired medical professionals, or students in medical fields, such as nursing. They are also high potential because their expectations in relation to context of blood donation may be well aligned, and their interest may be high given desire to leverage or build their experience base and skillset. For students, the BDA role offers them the opportunity to get experience in a real-world setting. The added fit element for students with a medical connection or retired medical professionals is the alignment of availability due to their more flexible schedules. The data suggests that these groups are somewhat underrepresented among DC BDAs compared to Non DC BDAs. ARC has relationships with multiple nursing networks, and a special nursing liaison role, but there was not one in place for NE-IA as of the time of data collection, and there did not seem to be prominent formal community partnerships to draw BDAs from these segments in NE-IA. See *Figure 34* for relevant quotes.

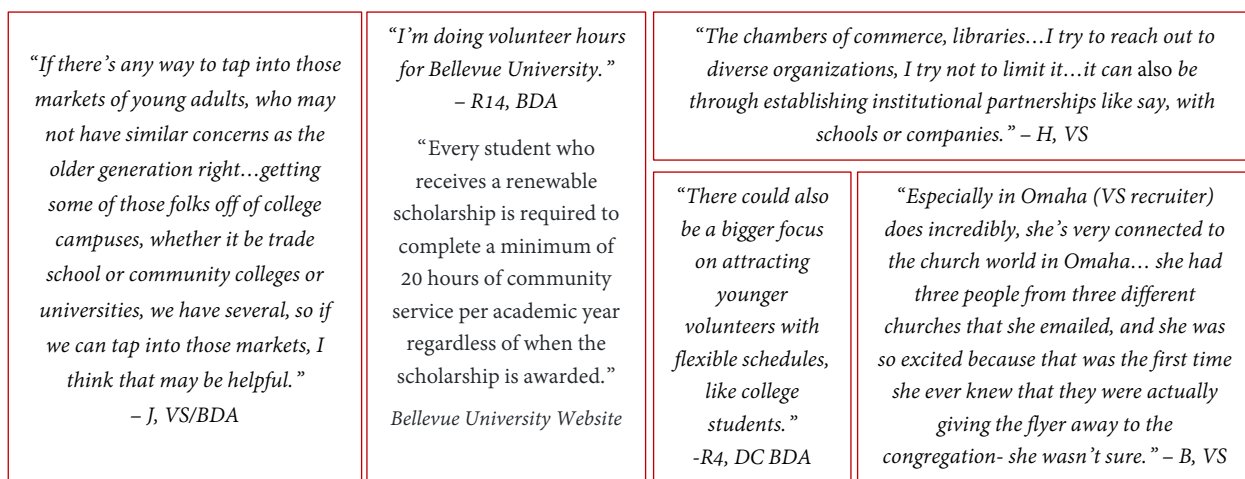
Figure 34. Evidence related to high potential tier of prospective BDA segments



Medium Potential. The medium tier includes college students, and groups including employees of local companies and members of church or other community groups looking for an opportunity, either because they are motivated to serve, or because they have a community service requirement of some kind to fulfill. Interest in and fit with the BDA role and ARC may not be quite as strong as for the top and high potential tiers (as discussed above, PQ3). These groups also tend to offer shorter-term, more episodic support, and their interest does not necessarily line up with an ongoing shift commitment. However,

because the upper two tiers may not yield the full volume of volunteers needed to fill the consistently high BDA need, or the precise alignment of availability to address the nuances of the need, ARC may also want to take a more deliberate approach to targeting the medium tier. Omaha is home to two universities and seven colleges, two major research hospitals, over 50 major companies, and dozens of churches and other faith-based groups. These could offer substantial numbers of prospective volunteers. The Active Volunteer List suggests that DC BDAs already include a higher proportion of college aged volunteers than NE-IA overall, while data on other groups is less clear. A focus on establishing relationships with the institutions or groups where these segments tend to congregate may help ARC to more efficiently communicate need, and possibly establish a reliable pipeline whereby they are channeled to the DC BDA role more intentionally. See *Figure 35* for quotes related to medium potential segments.





Figure 35. Evidence related to medium tier potential segments for the DC BDA role



Synthesis of Findings. The need for BDAs in DC is formulaic and demand-driven, consistently high, nuanced, and not always clear. Prominent organizational factors facilitating a) recruitment include ARC’s strong brand and affinity for ARC, connection points with blood donation and/or ARC, and ARC’s wide and meaningful opportunity offering. Prominent organizational factors facilitating b) retention include matching and expectation setting efforts, and expectations delivered and enhancers. Prominent organizational factors inhibiting a) recruitment include barriers and hurdles, and lack of coordinated relationship management. Prominent organizational factors inhibiting b) retention include expectations not delivered and detractors. One factor *inhibiting* both a) recruitment and b) retention is the need for greater communication and collaboration among ARC staff involved with these processes. Prominent individual factors facilitating both a) recruitment and b) retention include strong fit and strong interest by volunteers. Individual factors inhibiting both a) recruitment and b) retention include situational factors related to the individual volunteers’ circumstances. An additional individual factor inhibiting a) recruitment is lack of awareness of need by prospective volunteers. *Top potential* segments include those with a connection to blood donation and retirees; *high potential* segments include those with other ARC connections, and those with a medical connection; and *medium potential* segments include college students and members of employer and church or other community groups.

X. Recommendations

In considering the findings, I have **five main recommendations** for ARC to help address the shortage of BDAs and improve the fill rate in DC. These recommendations are listed here. The rationale, potential action items and key considerations related to the implementation of each recommendation are further detailed below. See *Appendix Q* for a summary of the linkages between the findings and recommendations.

	1. Target the Top Tiers with Tailored Tactics and TLC. Focus more energy on the top and high potential segments, communicate the need for BDAs in the ways and places they are most likely to hear it, and offer them supplemental attention and support through the recruitment process to reduce hurdles and facilitate organizational socialization.
	2. Flex to Fill Out the BDA Bench. Systematically build community partnerships to establish a reliable pipeline of volunteers from the medium tier of potential, creating flexible options to reduce barriers and hurdles.
	3. Fill Shifts, Not Just Positions. Communicate about and recruit for nuanced shift need and revisit expectations around shift requirements to encourage volunteers who can offer more to self-identify.
	4. Renew and Rely on Rockstars. Create pathways for existing “rockstar” DC BDAs to be recognized for their service and experience renewal by engaging in new ways, and align some renewal pathways with efforts to improve the DC BDA fill rate.
	5. Operationalize “One Red Cross.” Prioritize strengthening communication and collaboration between all staff who play a role in BDA needs assessment, recruitment, and retention, and foster a culture of active listening and openness.



Recommendation 1 – Target the Top Tiers with Tailored Tactics and TLC

Focus more energy on the top and high potential segments, communicate the need for BDAs in the ways and places they are most likely to hear it, and offer them supplemental attention and support through the recruitment process to reduce hurdles and facilitate organizational socialization.

It is clear from the findings that volunteer segments in the upper tiers of potential are more likely to be both interested in, and a strong fit for the BDA role. This suggests that they may be more prone to respond affirmatively if asked to consider becoming a BDA, be able to fulfill ARC’s requirements and expectations, have their own expectations aligned, and approach the role with enthusiasm and perseverance. Compared to other segments, they may therefore offer a bigger return on investment for the effort it takes ARC to

recruit and retain them, while helping to expand the core of reliable, long-term, dedicated BDAs for DC. As discussed above, the top tier group includes those with a connection to blood donation and retirees. The next tier includes those with other ARC connections, and those with medical connections.

The data suggests that while these segments are on ARC's radar as promising prospects, some of them may be underrepresented among current DC BDAs, and others may not be aware of the need for BDAs. Further, ARC's current recruitment tactics tend to be generalized, and there may be ways to target these high potential segments more robustly and systematically. The data also highlights the challenges that some prospective volunteers face in navigating the recruitment and onboarding process, and the desire some have for more personal contact from ARC. This is challenging because ARC staff express a lack of time and bandwidth to offer more. However, for this subset of the highest potential segments, providing supplemental attention and support through the first few BDA shifts could help a higher percentage to make the transition across the various handoff points and hurdles, progressing through the stages of the VSTM to become established volunteers.

To implement this recommendation, ARC might start by developing a more detailed profile for each of the upper tier segments, outlining their relative prevalence within the overall population of DC, prominent subsegments, motivators and preferences, and the channels and messages that would be most effective for reaching them and communicating the need for DC BDAs. This could inform the development of formal outreach plans. For example, this exercise might reveal that it would make sense to increase outreach at blood drives, partner facilities, and retirement communities, and offer information about which ones to start with. Implementation of this recommendation could also involve creating a mechanism enabling the VS screener to flag the high potential applicant to BS so that they also know to give some supplemental attention and support during interviewing, onboarding, and early shift scheduling. To facilitate organizational socialization, these segments could also be prioritized for connection to existing BDAs, who could serve as a dedicated point of contact to field their questions and help them troubleshoot issues during the application and onboarding process (see also Recommendation 4). Some of these actions would require time and focused effort, but the return on this investment has potential to be relatively high.

For these efforts to succeed, close communication and collaboration among ARC stakeholders who play a role in the DC BDA recruitment process would be key. There would need to be a shared understanding among ARC stakeholders about who the high potential segments are, what the strategy is for reaching them, what kind of supplemental support ARC is offering to them, and clear delineation of responsibilities for executing these strategies, particularly across handoff points. Taking a more intentional approach to relationship management with individuals and community partners that have access to significant numbers of these high potential segments would also be important. For example, establishing relationships with activity coordinators at retirement communities could help facilitate access to more retirees. Another key consideration would be to avoid 'cannibalizing' volunteers from other areas. For

example, ARC still needs blood donors to give blood. However, if they are deferred, or are inclined to give more time, the BDA role could also offer them an opportunity to contribute in a new or additional way.



Recommendation 2 – Flex to Fill the BDA Bench

Systematically build community partnerships to establish a reliable pipeline of volunteers from the medium tier of potential, creating flexible options to reduce barriers and hurdles.

While targeting the highest potential segments is likely to yield a good return on effort for ARC staff, because the need for DC BDAs is so high and nuanced, these groups may not offer enough volume to fill all the need, or to fill all aspects of the need. For this reason, engaging in some additional outreach to the medium tier segments could be prudent. As discussed above, these segments might include college students, and employer, church or other community groups that have some kind community service credit, requirement, or interest. While fit and interest among these segments may not be quite as strong as it is for the upper tiers, they could offer a solid source of supplemental support for hard to fill shifts and seasons when the core group of top and high tier volunteers is less available. One strategy would be for to ARC to establish more ongoing relationships with points of contacts within their group or institution who can facilitate access and communicate the need to these prospective volunteers, helping to build a steady ongoing pipeline of potential volunteers.

As discussed previously, ARC’s requirements and the parameters of the BDA shift requirement do not directly match up with some of the situational factors prevalent among groups in the medium tier. For example, college or company community service requirements may only require a small, fixed number of hours, such that a once-a-month shift commitment, as required for BDAs, does not align with their interest. ARC may therefore consider creating flexible options to lower barriers and hurdles. While ARC may not have flexibility on non-negotiables like signing off on the code of conduct and completing the background check, perhaps there could be flexibility around the shift requirement. For example, if ARC established a partnership with a company, university, or community group or club, whereby that group committed to collectively cover a certain set of shifts over a certain period of time by slotting in different individuals from among its members, this could help to fill need while accommodating the more episodic nature of volunteer commitment. In this arrangement, to further reduce hurdles, there could be periodic sessions during which ARC recruiters or the institution’s focal person for the partnership could facilitate completion of mass applications and screening interviews on site (or even as part of a virtual event) so that people could navigate more easily and be added to a roster of ‘ready’ volunteers. The sponsoring partner group could then take on the role of finding people from this roster to fill the shifts that they have committed to. This would also create an entry point with a broader range of new audiences, which ARC could leverage to educate participants about other opportunities to contribute to ARC’s work.

To implement this recommendation, ARC might first consider conducting a mapping of the community service programs or initiatives that local colleges, companies, and community groups have in place to better understand the nature of the parameters, the ways they differ from ARC’s current requirements, and what flexible options might be possible to bridge the differences, reduce the hurdles, and facilitate fit. To make this more manageable, ARC could identify a shortlist from among the groups mapped to try this arrangement on a pilot basis. They could potentially leverage existing networks through the Board or other connections to facilitate an initial conversation. Ad hoc efforts may struggle to gain traction, so for this recommendation to be a success, it would be important for ARC to identify a dedicated relationship manager to engage in outreach, establish relationships, refine the flexible options with each partner group, develop materials to explain the opportunity to group members, and oversee implementation, evaluation, and follow up. This would require investment of time on the front end, and some ongoing effort to administer, but in the long run, might also yield more return on the effort. This could benefit not only BDA recruitment, but other ARC volunteer positions as well. This recommendation could also be implemented in conjunction with efforts to operationalize ARC’s 2021 Recruitment Strategy, given its emphasis on community partnerships.



Recommendation 3 – Focus on Filling Shifts, Not Just Positions

Communicate about and recruit for nuanced shift need, revisit expectations around BDA shift requirements, and encourage volunteers who can offer more to self-identify.

The ultimate goal of BDA recruitment and retention efforts is to fill shifts so that blood collection can be maximized. While needs assessment to establish the optimal number of BDA positions is a standard process to facilitate this, and while meeting optimal need ultimately helps to fill shifts, the need for DC BDAs is consistently high. Requesting one shift per month per volunteer means that a high volume of volunteers is needed for the roster. Because it is challenging for ARC to meet all this need through new recruitment, staff end up requesting more shifts from each of the existing DC BDAs. This in turn goes against the expectations and psychological contract established with them during their earliest interactions with ARC. While this has led to increased frustration, burn out, and attrition for some, at the same time, many BDAs have been willing and able to step up and do more, enjoying the opportunity to do something meaningful with their time. At the same time, the need is also nuanced, such that even if there were a perfect fill rate for DC BDAs, there may still be some days, times, or seasons during which shifts would be harder to fill due to situational factors affecting the BDAs on the roster.

If ARC took a more differentiated approach to the shift requirement, this could potentially help to fill more shifts while enabling better alignment of expectations. For example, in the BDA advertisement materials

and screening questions, ARC could establish one shift per month as a minimum expectation. While ARC staff currently inquire about prospective volunteers' desired commitment during screening, they could even more explicitly ask what range of shifts they would be most interested in committing to. Volunteers could be categorized according to this data point going forward, so that future communications around shifts could be tailored to their profile. The BDAs could also have the option to update their profile if their availability or interest were to change. In this way, if a given BDA were to leave the role or reduce their commitment at a later time, ARC would have more granular information about the number of shifts (not just positions) that need to be replaced. Additionally, the screener or department interviewer could note the days, times, and locations the prospective BDA is available into a shared system so that a broader mapping and planning exercise could take place to identify shifts that have lower likelihood of coverage, further illuminating nuanced need so that VS and BS can work together to find ways to fill it.

On the other side of the spectrum, those volunteers whose availability is not well-aligned to meet the minimum of one shift per month, including those who might be part of the type of flexible community-based partnership arrangement described in *Recommendation 2*, could have another type of notation or designation on their profile so that ARC would know not to deactivate them or reach out to them with frequent requests to take extra shifts. For example, BDAs could be categorized as, "flexible" (part of a flexible arrangement), "standard" (1-2 shifts per month), "highly engaged (3-5 shifts per month), "ultra-engaged" (more than 5 shifts per month), or "seasonal /episodic (taking on the standard to ultra-engaged profile, but only for a fixed period or season). These designations could also help ARC better understand the "mix" of DC BDAs on the roster, to calibrate the ideal proportions of each type, and feed this information into recruiting messages to target prospective or existing BDAs who might be able to fill shift need that remains unmet.

To implement this recommendation, some action items might include adjusting the language in BDA advertisements and screening questions to reflect the change in framing around the shift expectation. It could also involve devising the scheme for designating different types and levels of BDA commitment and availability, and aggregating this information to be able to analyze it and understand what portion of the need has been filled or remains unfilled. There would also need to be a feedback loop, such as a regular meeting or other communication, between VS and BS to help recruiters understand both the nuanced need, and the implications if a BDA of a given profile were to leave the role. Thus, as with *Recommendations 1 and 2*, implementation would require close collaboration between VS and BS, a strong flow of communication, and a broader and deeper understanding of the nuances of DC BDA need. Because this arrangement would be less simple than just requiring one shift per month, it would necessitate some additional effort by the recruiters, screeners, and BS. Watching out for burn out, and offering renewal opportunities for "ultra-engaged" BDAs would also be key.



Recommendation 4 – Renew and Rely on Rockstars

Create pathways for existing “rockstar” DC BDAs to be recognized for their service and experience renewal by engaging in new ways, and align some of these renewal pathways with efforts to improve the DC BDA fill rate.

The findings indicate that some DC BDAs have become burned out from weathering the COVID-19 pandemic and taking on extra shifts to help compensate for the shortage of BDAs. The VSTM suggests that opportunities for renewal can help to prevent volunteers from exiting an organization, and that renewal can take the form of a restorative break, reflection, or opportunities to re-up commitment and take on new roles. Additionally, there are many DC BDAs who remain engaged and show indications of enjoying the role. Many have made a long-term commitment. Some express interest in recognition as a veteran, while others indicate openness to being used to help market the need for additional BDAs. There is potential for ARC to offer renewal opportunities so those who are fatigued can become refreshed, and those who are “rockstars” can be recognized for their service and engaged in new ways.

In addition to general recognition and enrichment opportunities that already exist, ARC could create pathways for these “rockstar” BDAs to contribute to recruitment and socialization of new BDAs, leveraging them to help communicate the need and support applicants and new volunteers to navigate hurdles. For example, there could be a “BDA recruiting and marketing champion” role that a BDA could commit to for a year, through which they would offer supplemental time to DC BDA recruiting efforts, such as supporting the targeted outreach described in *Recommendation 1*. Another possibility would be to have a “TLC/mentor” role through which rockstar BDAs indicate willingness to be contacted by prospective or new BDAs to answer questions and serve as an informal mentor, or to participate in periodic virtual gatherings to share about their experience as a BDA. The data indicates that some new volunteers wish for more of this type of personal contact through the early parts of the process, and existing BDAs could help to fill this need so that there is not another duty layered onto staff. There could be some kind of special recognition to appreciate those taking on these types of enhanced roles.

Implementing this recommendation would require ARC to develop a process and approach for identifying the DC BDA “rockstars,” such as through service milestones, post shift surveys or recommendations from shift supervisors. ARC would also need to create the pathways for this enhanced involvement, and communicate what the parameters are and how one qualifies. ARC might consider further investigating how DC BDAs experience renewal to inform the creation of the pathways. BS could be responsible for this as part of its engagement activities, but there would need to be close collaboration with VS around enhancement opportunities related to marketing, recruiting, and new BDA support. This would require

some time and effort to set up and administrate, and it would be key to be flexible about situational factors, and make it easy for these rockstars to both step up, and step back again if needed to recharge.



Recommendation 5 – Operationalize “One Red Cross”

Prioritize strengthening communication and collaboration between all staff who play a role in BDA needs assessment, recruitment, and retention, and foster a culture of active listening and openness.

The findings suggest that there would be benefits to enhancing communication and collaboration between ARC staff involved with various aspects of BDA recruitment and retention, including VS and BS. When this is insufficient, it is an inhibitor of BDA recruitment and retention because it contributes to disconnects across the various handoff points of process, which is a highly interdependent one. While the *One Red Cross* initiative was introduced some years ago, as multiple interviewees noted, it needs further operationalizing. Additionally, *Recommendations 1-4* all hinge on close collaboration among ARC staff. ARC should therefore prioritize strengthening communication and collaboration, increasing access to information, and fostering trust and a posture of listening and openness.

To start, implementation of this recommendation might involve an initial retreat or other teambuilding exercise to encourage the development of relationships, mutual understanding, and trust among relevant staff. This might start with articulating shared norms and expectations, or building skills related to active listening and offering feedback. Another exercise might be to develop a list of essentials that each stakeholder needs others to do or understand so that everyone can succeed together. Implementation of the recommendation might also involve setting up a mechanism, such as regular meetings, to continue building relationships and strengthening communication around nuanced need. ARC might also consider ways to align metrics or establish shared metrics to incentivize collaboration and accommodate the new and flexible opportunities created through implementing *Recommendations 1-4*.

For this recommendation to succeed, it would be key for these efforts to have buy in from leadership, and for all parties to maintain an open mind, and a commitment to listening and forging common ground. While different ARC divisions and units have their own priorities and challenges, the data suggests that there is a strong shared commitment to ARC’s mission, helping others, and the saving lives, as well as some degree of empathy for each other’s situation. This offers a positive asset that it would be important for ARC to build on in forging closer relationships. Finally, across all recommendations, ARC might consider ways to embed evaluation, such that it is possible to determine whether the actions are being implemented with fidelity, whether they are having an impact on the fill rate, and adjust as needed.

XI. Conclusion

The purpose of this Capstone Project was to examine the persistent shortage of Blood Donor Ambassador (BDA) volunteers for Douglas County, an area of inquiry identified by the partner organization, the American Red Cross of Nebraska-Iowa. It is important to address this shortage and improve the fill rate for BDAs in Douglas County because BDAs make such crucial contributions to a smooth blood drive, a positive blood donor experience, and maximization of overall blood production.

I built my conceptual framework on Haski-Leventhal and Bargal's (2008) Volunteer Stages and Transitions Model, and posed four main Project Questions to frame my exploration of this problem of practice. These questions looked at the nature of the need for BDAs in DC, the ways in which organizational factors facilitate and/or inhibit recruitment and retention of DC BDAs, the ways in which individual factors facilitate and/or inhibit recruitment and retention of DC BDAs, and the volunteer segments that have high potential to be well suited for and/or interested in the BDA role.

To answer the Project Questions, I utilized purposive and snowball sampling methods to collect and analyze existing data, including internal documents; reports, lists, dashboards; and results of previously administered surveys. I used this data primarily to inform instrument design, and triangulate and test findings. I also collected and analyzed original data through semi-structured interviews and an open-ended questionnaire. Data collection took place from August-December 2021, and data analysis took place from January-May 2022. This involved initial review, followed by in depth analysis, including two rounds of coding. This was followed by development, triangulation and testing of findings.

Through this study, I found that the need for BDAs in DC is formulaic and demand driven, consistently high, nuanced, and not always clear to stakeholders who play a role in BDA recruitment and retention (Finding 1). I also found that prominent organizational factors facilitating recruitment of DC BDAs include ARC's strong brand and affinity for ARC, connection points of prospective volunteers with blood donation and/or ARC, and the wide and meaningful opportunity offering (Finding 2.1a). Prominent organizational factors facilitating retention include matching and expectation setting efforts, expectations delivered by ARC and enhancers to the BDA experience (Finding 2.1b). Organizational factors inhibiting recruitment of BDAs in DC include barriers and hurdles to entering or progressing through the process, and lack of coordinated relationship management among ARC stakeholders (Finding 2.2a), while prominent organizational factors inhibiting retention include expectations not delivered and detractors from the BDA experience (Finding 2.2b). One factor inhibiting both recruitment and retention is the need

for greater communication and collaboration between ARC staff who play a role in DC BDA recruitment and retention (Finding 2.2ab). Prominent individual factors facilitating both recruitment and retention include strong fit and strong interest on the part of volunteers (Finding 3.1ab). An individual factor inhibiting both recruitment and retention is situational factors related to the volunteers' circumstances (Finding 3.2ab), while an additional individual factor inhibiting recruitment is lack of awareness of need by prospective volunteers (Finding 3.2a). Finally, I found that top potential segments include those with a connection to blood donation and retirees; high potential segments include those with other ARC connections and those with a medical connection; and medium potential segments include college students and members of employer, church, or other community groups (Finding 4).

This enhanced understanding of need, the ways in which organizational and individual factors facilitate and inhibit BDA recruitment and retention, and high potential volunteer segments can inform future ARC strategies for reaching those segments and encouraging their entrance into the BDA role, their movement through the VSTM to become established volunteers, and their renewal over time so that they are retained as contributors to ARC. Some key recommendations for ARC stemming from the findings include:

- 1) Focusing more energy on the top and high potential segments, communicating the need for BDAs in the ways and places they are most likely to hear it, and offering them supplemental attention and support through the recruitment process to reduce hurdles and facilitate organizational socialization.
- 2) Systematically building community partnerships to establish a reliable pipeline of volunteers from the medium tier of potential, and creating flexible options to reduce barriers and hurdles.
- 3) Communicating about and recruiting for nuanced shift need and revisiting expectations around shift requirements to encourage volunteers who can offer more to self-identify.
- 4) Creating pathways for existing "rockstar" DC BDAs to be recognized for their service and experience renewal by engaging in new ways, and aligning some renewal pathways with efforts to improve the BDA fill rate.
- 5) Prioritizing strengthened communication and collaboration between all staff who play a role in BDA needs assessment, recruitment, and retention, and fostering a culture of active listening and openness.

While the shortage of BDAs in DC has been a longstanding challenge, and while there is not one singular solution, there are several levers that ARC can pull to make progress toward improving the fill rate. There are also substantial strengths that ARC can leverage, which include its strong brand and reputation, the compelling cause represented by its efforts to produce lifesaving blood, and its staff and volunteers, who are characterized by a strong commitment to ARC mission and dedication to helping others.

XII. References

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XIII. Appendices

Appendix A – List of Relevant Internal Documents Reviewed

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Appendix L – Linkages Between Project Questions and Data Collection and Analysis

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Appendix O – Summary of Findings by Project Question

Appendix P – Heat Map of Volunteer Segments by Fit a Interest Elements

Appendix Q – Summary of Linkages between Findings and Recommendations



Appendix A – List of Relevant Internal Documents Reviewed

Note: I gathered documents both purposively and through snowball sampling from ARC’s Intranet (‘Exchange’), and other relevant shared files and emails. Document review informed both instrument design, and triangulation and testing of findings.

American Red Cross FY20 and FY21 Annual Reports	NE-IA Regional Recruitment Tactical Plan
American Red Cross -One Red Cross Vision for Community Engagement	New Volunteer Presentation
BDA Expedited Intake Process Description and FAQs	Recruitment Priority Process Map
BDA Friends and Family Program Template	Regional Volunteer Brochure
BDA FAQs	Strategic Recruitment Planning Guide
BDAs with a Biomed-EBV Status	SWOT Notes about FY21 Recruitment Activity
BDA Playbook	Talking Points for Common Volunteer Opportunities
BDA Position Description	Targeted Recruitment Tool Training and FAQ
BDA Recruitment Flyer	Virtual Volunteer Fair Slide Deck
BDA Volunteer Status Requirements	Volunteer Appreciation Lead Playbook
BDA Roster Management Tip Sheet	Volunteer Application Guide
BDA Summer Youth Corps Position Description	Volunteer Engagement Assessment Report, 2019
Biomedical Services Low-Cost Producer Infographic	Volunteer Engagement Cycle Narrative
Biomedical Services Onboarding Training Lead Playbook	Volunteer Engagement Indicators, FY21
Biomedical Services Organization Chart	Volunteer Engagement Strategy
Biomedical Services Post-Shift Satisfaction Survey Job Tool	Volunteer Handbook, 2017
Biomedical Services Recruitment Pitches	Volunteer Onboarding Checklist for Volunteer Supervisors
Biomedical Services Strategic Plan	Volunteer Orientation Agenda
Biomedical Services Volunteer Supervisor Onboarding Checklist	Volunteer Orientation Toolkit
Biomedical Services Volunteer Staffing Matrix	Volunteer Recruitment Activity Tracker Guide, FY21
Biomedical Services Workforce Planning Guide	Volunteer Recruitment Campaign Calendar, FY20
Blood Donation Process Description	Volunteer Recruitment Social Media Messages
Business Unit Guidance - Workforce Planning, and FAQs	Volunteer Recruitment Strategy, 2021
Business Unit Guidance - Quarterly Recruitment Process, Forecasting Need	Volunteer Recruitment Strategy Infographic
COVID-19 BDA Day of Script	Volunteer Satisfaction Survey Questions
COVID-19 Donor Services Blood Drive Quick Guide	Volunteer Screening Form
COVID-19 Donor Services Screening Measures for Volunteers	Volunteer Screening Interview Script
Global Template – Blood Services Scheduling Lead	Volunteer Services Recognition Resource for Supervisors
Hospital Partner Resource Guide	Volunteer Services Recruitment Philosophy
How to Sign up for a BDA Shift	Volunteer Services Recruitment Standards and Procedures
Job Tool to Transition Volunteer Positions	Volunteer Services Regional Volunteer Services Competencies
NE-IA Region Chapter Map	Volunteer Services Screening Toolkit
NE-IA Demographic Analysis	Volunteer Services Recruitment Team Portfolio Guide
NE-IA Region Master Contact List	Volunteer Supervisor Playbook
NE-IA Region Organization Chart	Workforce Planning Workbook



Appendix B – Douglas County Fill Rate and Drive Coverage Reports Review Summary

Format: Excel

Source and Time Period: The reports were provided by the partner organization (Biomedical Services). One report covered the month of August 2021, the other report covered part of FY20 (Jan-June 2020), FY21 (July 2020-June 2021), and part of FY22 (July 2021-Sept 2021)

Fields Included: State, county, # of assignments (*volunteer requests*), # filled total, # filled by ARC volunteers, # filled by unregistered volunteers, % filled total, % filled by ARC volunteers, # of independent drives covered with at least 1 volunteer, # of drives covered total, % drives covered total, # of unique people filling (*each drive*), average # of shifts per ARC volunteer per month (*not included in August 2021 report*)

Review Process:

- Scanned content, compared fields across years to understand trends.
- Focused particularly on number of assignments, percent filled, percent filled by ARC volunteers, percent filled by non-ARC volunteers, and average shifts per volunteer per month.

Data Excerpt:

Period	# of shift assignments	% filled total	% filled by ARC vols	% filled by Non ARC vols (unregistered)	Avg # of shifts per vol per month
FY20 (6 mo)	1185	76%	62%	14%	11
FY21 (12 mo)	2594	72%	52%	49%	7.5
FY22 (4 mo)	574	84%	66%	34%	5
Aug 2021	207	81%	66%	34%	4.5

Other Observations and Notes

- Only the FY21 data represents a complete year (FY20 and FY22 are for six and four months respectively). This relates to ARC’s system, in terms of the standard timeframe over which data is kept. The relatively recent creation of the NE-IA Region also affected the availability of longer-term historical data.
- There is a high volume of shifts- over 2500 during a 12-month period, or an average of 208 per month. With around 90 registered BDA volunteers on roster, and a target of one shift per month (the expectation communicated during recruitment) the numbers don’t add up to fill the need.
- This is reflected in the average number of shifts per person per month, which is much higher than the one shift per month requested in BDA JD and recruitment materials. This supports interviewee comments about more being asked of veteran volunteers, and the risk of burn out.
- Between 15-23% of shifts are going totally unfilled (ie not even one BDA).
- A high proportion of shifts are being filled by unofficial ARC volunteers. As ARC tightens up registration requirements this could exacerbate the gap, at least in the short term.



Appendix C – NE-IA Active and Inactive Volunteer Lists Review Summary

Active Volunteer List

Format: Excel, N = 1374

Source and Time Period: The Active Volunteer List was provided by the partner organization (Volunteer Services) and includes data as of November 2021.

Fields Included:

Name, Member ID, Chapter Name, Current Status, City, Zip Code, County of Residence, Geographic Eligibility, Address, City, State, Zip Code, County, Country, Email Address, Cell Phone, 2nd Language, Speak 2nd Language, Speak 3rd Language, Occupation, Job Title, Job Type, Volunteer Since Date, Services of Current Positions, Current Positions, Last Login, Days Since Last Login, Profile Last Updated, Days Since Profile Last Updated, Gender, Age Band, Modified Age Band, How Did You Hear (about ARC), How Did You Hear – Other, Military Background, Account ID

Review Process:

- Using existing data fields, created new variables: BDA or Non BDA, DC or Not DC, Multiple Roles Yes or No, Tenure (New, Medium, Long, Very Long)
- Analyzed, open field for Other (How did you hear), grouped by categories in the table below
- Sorted list by: All DC BDAs, All Non DC BDAs, All Non BDAs
- Queried and took counts or averages related to fields of interest, including:
 - How did DC BDA volunteers hear about ARC? Are there any patterns?
 - What proportion of DC BDAs do multiple ARC roles?
 - What is the gender split of DC BDAs?
 - What is the tenure split of DC BDAs?
 - What is the age band split of DC BDAs?
 - What proportion of DC BDAs speak a second language?
 - What proportion of DC BDAs have a military affiliation?
 - For those BDAs who aren't retired, is there any pattern in the professions listed?
 - Are there any patterns in the days since last login or last profile update?
 - How do all of the above compare for Non DC BDAs and Non BDA Volunteers?

Data Excerpt:

Field	DC BDA N = 75	Non DC BDA N = 114	All Non BDA N= 1184	Observations <i>(Note: all percentages in each column are calculated against the total N for that column)</i>
How/Where I Heard				- Community Event/Group is low for all, as are TV/Radio/Newspaper
Online Search	12%	16%	5%	- ARC Website, Online Search, I Was Asked are prominent overall, though slightly lower for Non DC BDA.
ARC Website	16%	9%	8%	- Blood Connection is stronger for BDA than Non BDA and School/University and Community Service Requirement are higher in DC
Online Advert/Social Media	5%	3%	5%	
I Was Asked	10%	4%	10%	
Community Event/Group	1%	2%	4%	
TV/Radio/Newspaper	3%	1%	2%	
Work/employer	3%	5%	4%	
Other (Open Field, Coded)	24%	8%	18%	
Referral/someone I know	8%	4%	7%	
Blood connection	7%	5%	<1%	
Other RC Connection	0%	2%	1%	
School/University	7%	0%	2%	
Community Service Requirement	4%	1%	<1%	
Did not specify	27%	44%	26%	
Multiple ARC Roles	16%	15%	55%	- BDA is much lower than non BDA
Gender				- Hard to conclude anything definitive given high % not indicated, but all seem to skew slightly more female
Male	11%	14%	27%	
Female	39%	18%	37%	
Not Indicated	51%	68%	35%	
Tenure				- 'New,' 'medium,' 'long,' and 'very long' brackets were mine, developed for the questionnaire.
Less than 6 mo ('new')	35%	18%	20%	- DC BDA has a relatively higher proportion of new or medium BDAs, lower number of very long
6 mo-1.9 yrs ('medium')	48%	35%	24%	- Questionnaire respondents were more evenly distributed across tenure brackets.
2 yrs-3.9 yrs ('long')	8%	9%	18%	
4yrs or more ('very long')	9%	39%	38%	
Age Bands				- DC BDA seems to skew slightly younger overall
13-17 years old	17%	4%	9%	- DC BDA has a lower proportion retirement age, higher than average college aged and younger. Could reflect demographics, could reflect under-tapped segments.
18-20 years old	9%	4%	5%	
21-24 years old	17%	8%	9%	
25-49 years old	33%	12%	29%	
50-64 years old	12%	4%	22%	
64 and older	9%	16%	23%	
Second Language	29%	17%	17%	- Higher for DC BDA
Indicate Military Affiliation	15%	5%	15%	- Non DC BDA is lower
Profession				- Hard to tell definitively given high % that didn't specify, but perhaps medical and retiree are under-tapped among DC BDA compared to Non DC BDA
Student	4%	1%	2%	
Health/Medical	5%	11%	9%	
Retired	1%	18%	10%	
Other	11%	14%	23%	
Didn't Indicate	79%	57%	55%	
Online Volunteer Profile				- Slightly better for DC BDA, perhaps reflecting the lower overall tenure and younger overall demographics
Avg days since last login	58	194	235	
Avg days since last update	291	360	469	

Inactive Volunteer List

Format: Excel, N = 1139

Source and Time Period: The Inactive Volunteer List was also provided by the partner organization (Volunteer Services). It includes volunteers de-activated during the period September 2020-November 2021.

Available Fields Included: Account Name, Chapter, Previous Status, Inactive Status, Inactive Status Type, Effective Date, Reason for Deactivation, Comments, Previous Positions, Address, City, State, Zip Code, County, Country, Email Address, Military Background, Account ID

Review Process:

- Sorted list by: All DC BDAs, All Non DC BDAs, All NEIA Volunteers (including BDAs)
- Queried and took counts or averages related to fields of interest, including:
 - Was there any pattern to the deactivation reason, particularly if it was due to inactivity vs resignation?
 - Did the open response field provide any further insight on deactivations reasons?
 - Was there any difference in DC BDA and Non DC BDA related to military affiliation, compared to the full NE-IA sample?

Data Excerpt:

Field	DC BDA N = 176	Non DC BDA N = 40	All NE-IA N= 1139	Observations
Deactivation Reason				
Inactivity	73%	80%	59%	- Slightly higher for BDAs than for all NE-IA
Voluntary Resignation	9%	8%	29%	- Lower for BDAs than for all NE-IA
Other	9%	8%	9%	- All three categories about on par
Not Specified/Blank	<1%	5%	3%	
Insights from open response fields and 'Other' category	'Other' reasons/comments included: a reference to 'per NAME' (staff member)- about 50-55% of all other comments across the three groups; COVID deferral- 3% of DC BDAs, not logged for other categories; EQUUS withdrawal (2% of DC BDAs, not logged for other categories); and one case of background check not passed (Non DC BDA)			
Military Affiliation	7%	20%	12%	- Highest among Non DC BDAs, lowest among DC BDAs- opposite trend observed with active volunteer list

Other Observations and Notes:

- Limitations:
 - The available fields were rather limited- there were not many ways to cut the data, and there were many blanks and fields not specified. Noting 'per NAME' may be a form of shorthand reflecting character limitations, or may also reflect a safeguard for confidentiality.
 - Because the majority of volunteers listed had multiple other previous volunteer roles all listed in one field, it was difficult in some cases to pull out just the BDAs, or to recognize whether they were

a BDA specifically for DC. For this, reason, I only included them in these lists if the note in the role field explicitly said BDA for DC, or if they specifically said BDA for another county. It was for this reason that I also included all NE-IA volunteers for the analysis in the third column, rather than just Non BDAs.

- Despite the limitations, the list does corroborate the link between inactivity and/or non-responsiveness on the part of the volunteer and deactivation. Going forward, ARC's newly introduced practice of conducting exit surveys may help to shed further light on the nuances underlying the data, and the reasons for inactivity or non-responsiveness.

Other Uses:

- From among the de-activated DC BDA list, I selected a test sample of five volunteers who had been deactivated in the previous six months. I reached out via email and requested an interview or open-ended questionnaire response to learn more about their experience as a BDA in DC, and the reasons behind their de-activation. No one from the sample responded to either invitation.
- See questionnaire questions below:
 - (Q1) I was a Blood Donor Ambassador for: (enter number of months or years. If you did not complete a shift, enter 0)
 - (Q2:) I was originally interested in becoming a Blood Ambassador because:
 - (Q3) Something I liked about being a Blood Donor Ambassador was:
 - (Q4) I stopped being a Blood Donor Ambassador because:
 - (Q5) One way that the Red Cross could improve the experience of Blood Donor Ambassadors in Douglas County is:
 - (Q6) To identify additional Blood Donor Ambassadors to support blood drives in Douglas County, the Red Cross should:
 - (Q7) I would be willing to participate in a 15-minute interview to discuss my feedback (Y/N)



Appendix D – Shortlisted Dashboards Review Summary

Note: There were many available dashboards. I reviewed the options and focused on a shortlist of six that seemed most relevant to the Project Questions.

Format: PowerBI

Source and Time Periods: All ARC volunteers, including myself, generally have access to these DVSE dashboards with their ARC log in. The period reviewed was FY21 unless otherwise noted.

Review Process

- Reviewed the available dashboards
- Identified six as a subset that seemed potentially most relevant to the PQs, reviewed them in detail by region within the Northcentral Division
- Made notes about trends or salient points

Data Excerpt

ARC DVSE Dashboard Snapshots FY2021

	Needs Assessment Details: Fill Rate (BS vols)	All Applicants % converted to volunteer/ % inactivated	Average Days Referral to Approval (all vols)	New Volunteer Satisfaction (BS vols)	% of New Volunteers Engaged (all vols)	% Volunteers Engaged (all vols)	Notes <i>Green = highest Orange = lowest</i>
Illinois Region	77%	30%/65%	4.3	80%	84%	80%	Granularity is limited as it not possible to drill down to DC or BDA levels, sometimes not possible to drill down to BS level. Where it does drill down to BS, NE-IA does seem to lag a bit, but overall NE-IA is lower on some fields, higher on some, and at average for others when compared to other regions in the division. NE-IA is lowest on the new BS volunteer satisfaction and % of new volunteers engaged fields.
Indiana Region	68%	55%/42%	5.4	95%	87%	86%	
Michigan Region	90%	32%/59%	7.4	83%	93%	88%	
Minnesota and Dakotas Region	78%	41%/57%	6.3	85%	85%	84%	
Nebraska and Iowa Region	72%	51%/44%	5.8	60%	83%	85%	
Wisconsin Region	82%	45%/54%	5.6	84%	88%	89%	
Divisional average	80%	39%/56%	5.8	83%	88%	85%	
Notes	NE-IA 2 nd lowest	NE-IA 2 nd highest	NE-IA at divisional average	NE-IA lowest	NE-IA lowest	NE-IA at divisional average	

Appendix E – Annual Volunteer Survey Questions and Review Summary

Note: This survey is administered to all ARC volunteers on their annual anniversary. Results come in on a rolling basis and are displayed on a PowerBI Dashboard, with data slicers to sort and select information.

Questions/Instrument

Annual Volunteer Satisfaction Survey

Current Question	Response Options
1. How long have you been a Red Cross volunteer?	(dropdown) - Less than one year - Between 1 and 2 years - Between 2 and 5 years - Between 5 and 10 years - More than 10 years
2. How would you rate your overall volunteer experience with the Red Cross?	(dropdown) - 10 – Excellent - 9 - 8 - 7 - 6 - 5 - 4 - 3 - 2 - 1 - 0 – Poor
3. How likely are you to recommend the American Red Cross to a friend or colleague as an organization where they can volunteer?	(dropdown) - 10 – Extremely likely - 9 - 8 - 7 - 6 - 5 - 4 - 3 - 2 - 1 - 0 – Not at all likely
4. Why did you give it that score?	Open text field
5. During the past 12 months, in which of the following areas have you volunteered? (Check all that apply):	<ul style="list-style-type: none"> - Accounting / Finance <ul style="list-style-type: none"> o Rate your experience with Accounting / Finance: - Blood Services <ul style="list-style-type: none"> o Rate your experience with Blood Services - General Administration or Operations Support - Service to the Armed Forces - Community Services - Training Services - Volunteer Services

	<ul style="list-style-type: none"> - Disaster Services - International Services - Youth Program - Marketing/Communications - Fundraising / Financial Development - Leadership Position (Board or Management) - Other <ul style="list-style-type: none"> o Please explain: Open Text Field <p style="color: red; font-size: small;">Volunteers will be able to rate their experience for each department they identify as working with. Only selecting "other" prompts an open text response for clarification.</p>
6. Thinking about your volunteer experience with the Red Cross in the past 12 months, please indicate your agreement with each of these statements.	
6a) I understand how my volunteer activities support the mission of the Red Cross.	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
6b) I understand what is expected of me during my volunteer activities.	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
6c) The training and materials provided by Red Cross prepared me well for my volunteer assignment.	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
6d) There is good teamwork between employees and volunteer staff.	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
6e) I feel I am a valuable member of the team.	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
6f) My immediate supervisor/manager treats me with respect.	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
6g) The behavior of the people I work with is consistent with the mission, vision, and values of the American Red Cross.	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
6h) The Red Cross has a climate in which diverse perspectives are valued.	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
6i) I plan to continue as a Red Cross volunteer.	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
7. If you would like, please share any specific thoughts about your experience that you believe would be helpful to the Red Cross:	Open text field
8. Over the past 12 months, how many hours each month do you estimate you volunteered with the Red Cross?	(dropdown) - 10 hours or less per month - 11 to 20 hours per month - 21 to 80 hours per month - More than 80 hours per month - Did not volunteer in the past 12 months

9. Thinking about your experience with Volunteer Connection, please indicate your agreement with each of these statements. (If you do not use the Volunteer Connection website, mark "Does Not Apply.")	
9a) I find Volunteer Connection easy to use to enter and record my hours.	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
9b) Volunteer Connection is useful to learn about other volunteer opportunities.	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
9c) Overall, Volunteer Connection is easy to use.	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
10. In the past 12 months, in addition to your volunteer work, have you: (Check all that apply):	(checkbox) <ul style="list-style-type: none"> - Donated blood to the Red Cross - Donated money to support the Red Cross - Downloaded Red Cross preparedness apps - Taken a Training Services course (such as First Aid / CPR) through the Red Cross - Referred a family member or friend to volunteer - None of the above
Submit	

Review Summary

Format: PDF snapshots

Review Process:

- ARC (Volunteer Services) provided snapshots showing survey result trends by quarter for six main question fields. These results were for Northcentral Division Biomedical Services volunteers, NE-IA Region Biomedical Services volunteers, and NE-IA Region non Biomedical Services volunteers.
- The North Central Division includes the Wisconsin Region, the Minnesota Dakotas Region, the Michigan Region, the Indiana Region, the Illinois Region, and the Nebraska-Iowa Region.
- The six fields included: Net Promoter Score (NPS), Volunteer Experience Rating, I Feel I am a Valuable Member of the Team, I understand What is Expected of Me, Training Materials Prepared Me; and I Plan to Continue Volunteering.
- The seven quarters included were Q3 of FY20 through Q1 of FY22. I compared overall Northcentral, NE-IA, and NE-IA BS results for these six fields over that period.

Data Excerpt

Field	FY20, Q3- FY22, Q1	NCD BS N=710	NE-IA BS N=86	NE-IA Non BS N=267	Notes Lowest- orange, middle-yellow, highest-green
Net Promoter Score (NPS)	<i>Mean Score</i> <i>Trend</i>	63 Stable overall, except for a dip in FY21, Q1	57 A lot of peaks and valleys over time, highs in the 70s/80s, lows in the 30s/40s	52 Upward trend from low of 39.6 in FY20, Q3 to high of 69.6 in FY22, Q1.	NE-IA lags NCD slightly, NE-IA BS slightly higher than NE-IA Non BS, also much more variable
Volunteer Experience Rating	<i>Mean Score</i> <i>Trend</i>	40 Stable overall, slight uptick in FY20, Q4; dip in FY21, Q1.	28 Huge dip in FY21, Q1; recovery, then another dip in FY22, Q1	34 Stable, then upward trend from FY21, Q2 on.	NE-IA BS lags both, NCD BS is highest. Did in FY21,Q1 is common, possibly pandemic related. Lower domain overall
I Feel I am a Valuable Member of the Team	<i>Mean Score</i> <i>Trend</i>	54 Stable overall, dip in FY21, Q1; slight uptick in FY21, Q3	43 Stable overall, small dips in FY21, Q1 and FY22, Q1.	50 Stable overall, except for a dip in FY21, Q1	NE-IA BS lags both, NCD BS is highest. Common dip again in FY21, Q1.
I understand What is Expected of Me	<i>Mean Score</i> <i>Trend</i>	63 Stable overall, small dip in FY21, Q2;	73 High and stable overall, dip in FY21, Q2	59 Stable overall, with small dips in FY20, Q4 and FY21, Q2	NE-IA BS is highest. Common dip again in early FY21. Higher domain overall
Training Materials Prepared Me	<i>Mean Score</i> <i>Trend</i>	49 Stable overall, except for a dip in FY21, Q1	53 Peaks in FY20, Q3 and FY22, Q1. Dip in FY20,Q4.	46 Stable overall, slight dip in FY20, Q4 and uptick in FY22, Q1.	NE-IA BS is highest. Lower domain overall
I Plan to Continue Volunteering	<i>Mean Score</i> <i>Trend</i>	70 Stable overall, except for a small dip in FY21, Q1	75 High and stable overall, small dip in FY21, Q1	66 Stable overall, small dip in FY20, Q4	NE-IA BS is highest. Common dip in late FY20, early FY21.

Other Observations and Notes:

- *Limitations:* The overall response rate is relatively low; because of the format and standard data collection practices, Biomedical Services data was not sortable down to the BDA position or Douglas County chapter levels. Additionally, not all survey question responses were visualized, and the raw underlying data and open qualitative response fields were not accessible. For these reasons, I mainly used this for reference during instrument design and for testing and triangulation of findings.
- It's hard to say for sure what is behind the variation across quarters, but in cases where there is common variation (ie the common dips in FY21, Q1), it's possible that environmental factors (such as the COVID-19 pandemic) played a role.
- For NE-IA BS, it seems that while expectations are clear and training materials are effective, there may be an issue to look at related to overall volunteer experience and feeling part of the team. This echoes a few questionnaire and interview comments related to the dynamic between volunteers and staff at the donation centers, and the detractors from volunteer experience (such as a drive that is not smooth or issues with supplies). These aspects are reversed for NE-IA non BS.
- It is interesting that NE-IA BS had the highest score related to intention to continue volunteering. This is slightly contradictory to the interview comments related to high attrition and burnout over this period.



Appendix F – New Volunteer Survey Questions and Review Summary

Note: This survey is administered to all ARC volunteers during the first month they start volunteering. Results come in on a rolling basis and are displayed on a PowerBI Dashboard, with data slicers to sort and filter and view the desired information.

Questions/Instrument

Survey for New Volunteers

Current Question	Response Options
1. What is the primary reason that you decided to volunteer with the Red Cross?	<ul style="list-style-type: none"> - To learn new skills - To leverage my professional experience to help others - To meet new people - To be part of the Red Cross mission - To help others in my community - To help with the immediate needs in a large disaster - Strong affinity/desire to support the overall mission of the Red Cross
2. How likely is it that you would recommend the Red Cross as a place to volunteer to a friend or colleague?	Scaled Answer (0 – 10)
3. Why did you give it that score?	Open Text Field
4. Which of the following departments are you assigned? (check all that apply)	<ul style="list-style-type: none"> - Accounting/Finance - Blood Services - General Administration or Operations Support - Service to the Armed Forces - Community Services - Training Services - Volunteer Services - Disaster Services - International Services - Youth Programs - Marketing/Communication - Fundraising/Financial Development - Leadership Position (Board or Management) - I am not Actively Volunteering <ol style="list-style-type: none"> 1. I have plans to attend upcoming training or orientation to get me started. 2. My availability has recently changed. 3. I am awaiting communication on next steps from my supervisor. 4. I am not sure what I need to do next. <p>Unsure</p> <ol style="list-style-type: none"> 1. I have plans to attend upcoming training or orientation to get me started. 2. My availability has recently changed. 3. I am awaiting communication on next steps from my supervisor.

	4. I am not sure what I need to do next. - Other, Please Describe 1. Open Text Field <i>Response options in italics represent additional questions posed to the volunteer in the event that they select "I am not actively volunteering", "unsure", or "other" from the list above. Users that select one of these answers will not be asked question 6 below.</i>
5. Thinking back to when you joined the Red Cross, please share your thoughts on our application and interview process.	
5a) The online application process was clear and easy to understand.	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
5b) The process helped me select a satisfying volunteer opportunity.	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
5c) I have received adequate communication throughout the application process	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
6. Thinking about the positions that you were assigned by the Red Cross...	
6a) The roles and responsibilities of the positions matched what was described during onboarding.	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
6b) I have the appropriate tools and resources to perform the duties of the role(s) that I was assigned.	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
6c) The training I was provided adequately prepared me to begin volunteering in the role(s) that I was assigned.	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
7. What other interactions have you had with the Red Cross (select all that apply)	<ul style="list-style-type: none"> - Donated blood to the Red Cross - Donated money to support the Red Cross - Downloaded Red Cross Preparedness Apps - Taken a Training Services course (such as First Aid / CPR) through the Red Cross - Referred a family member or friend to volunteer - None of the above
8. Thinking about your experience with Volunteer Connection, please indicate your agreement with each of these statements. (If you do not use the Volunteer Connection website, mark "Does Not Apply.")	
8a) I find Volunteer Connection easy to use to enter and record my hours.	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
8b) Volunteer Connection is useful to learn about other volunteer opportunities.	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
8c) Overall, Volunteer Connection is easy to use.	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)

9. Thinking about your Volunteer Experience since joining the Red Cross, please indicate your level of agreement with these statements...	
9a) I understand how my Volunteer activities support the mission of the Red Cross	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
9b) I understand what is expected of me during my volunteer activities	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
9c) There is good teamwork between employees and volunteer staff	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
9d) I feel I am a valuable member of the team	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
9e) My immediate supervisor/manager treats me with respect	Scaled Response (1 – 7) (Strongly Agree – Strongly Disagree)
10. Tell us how we could improve the experience of new Red Cross volunteers.	Open Text Field
11. How would you rate your volunteer experience with the Red Cross?	(dropdown) - 10 – Excellent - 9 - 8 - 7 - 6 - 5 - 4 - 3 - 2 - 1 - 0 – Poor

Review Summary

Format: PDF snapshots

Review Process

- The partner organization provided me with PDF showing the NE-IA results July 2020-August 2021 for seven fields.
- These fields included: Volunteer Experience Overall, Likely Recommend ARC, Application Process was Clear and Easy, Process Helped Satisfying Volunteer Opportunity, Received Adequate Communication During Application Process, Roles and Responsibilities Matched Onboarding Description, Primary Reason for Volunteering with ARC.
- During this period there were 114 respondents for NE-IA, and 29 for NE-IA BS.
- I compared overall NE-IA results to NE-IA Biomedical Services results

Data Excerpt

Field		NE-IA Overall Vs NE-IA BS N = 114, N = 29			Notes <i>Higher % highlighted in gray</i>
Volunteer Experience (Likert)	% above average, very good, excellent: NE-IA: 89% NE-IA BS: 80%		NE-IA	NE-IA BS	Overall positive for both NE-IA and NE-IA BS, though slightly higher proportion Average/Poor for NE-IA BS; higher proportion Above Average-Excellent for NE-IA.
		Excellent	32%	38%	
		Very Good	33%	21%	
		Above Average	24%	21%	
		Average	8%	17%	
		Poor	3%	3%	
		Extremely Poor	1%	0%	
Overall, Likely Recommend ARC (scale 1-10)	% at a score of 10 NE-IA: 60% NE-IA BS: 55%		NE-IA	NE-IA BS	Overall positive for both, though higher overall proportion at 10 for NE-IA. Slightly higher proportion at 6 or below for NE-IA BS.
		9 or 10	64%	66%	
		7 or 8	19%	17%	
		4 to 6	9%	10%	
		3 or less	4%	7%	
Application Process was Clear and Easy	Total % Agree or Strongly Agree NE-IA: 81% NE-IA BS: 76% Total % Disagree or somewhat disagree NE-IA: 7% NE-IA BS: 6%		NE-IA	NE-IA BS	Overall positive for both, higher proportion of Strongly Agree for NE-IA BS than NE-IA, slightly higher proportion of Disagree.
		Strongly Agree	36%	41%	
		Agree	45%	35%	
		Somewhat Agree	13%	17%	
		Somewhat Disagree	5%	3%	
		Disagree	2%	3%	
Process Helped Satisfying Volunteer Opportunity	Total % Agree or Strongly Agree NE-IA: 72% NE-IA BS: 73%		NE-IA	NE-IA BS	Overall positive for both, higher proportion of Strongly Agree for NE-IA BS, slightly higher proportion of Disagree.
		Strongly Agree	38%	45%	
		Agree	34%	28%	

	Total % Disagree or somewhat disagree NE-IA: 9% NE-IA BS: 7%	Somewhat Agree	19%	21%	
		Somewhat Disagree	7%	7%	
		Disagree	2%	0%	
Received Adequate Communication During Application Process	Total % Agree or Strongly Agree NE-IA: 74% NE-IA BS: 75% <i>Comparable</i>		NE-IA	NE-IA BS	Overall positive for both, slightly higher proportion of Slightly Disagree for NE-IA BS, some Strongly Disagree for both- generally skews a little more negative compared to other fields.
		Strongly Agree	43%	41%	
		Agree	31%	34%	
		Somewhat Agree	13%	7%	
		Somewhat Disagree	7%	3%	
		Disagree	3%	10%	
		Strongly Disagree	4%	3%	
Roles and Responsibilities Matched Onboarding Description	Total % Agree or Strongly Agree NE-IA: 80% NE-IA BS: 77%		NE-IA	NE-IA BS	Overall positive for both, no Somewhat Disagree or Strongly Disagree for NE-IA BS.
		Strongly Agree	35%	33%	
		Agree	45%	44%	
		Somewhat Agree	13%	22%	
		Somewhat Disagree	5%	0%	
Disagree	2%	0%			
Primary Reason for Volunteering with ARC	Top two NE-IA: Help others, leverage professional experience NE-IA BS: Help others, leverage professional experience Lowest: Meet new people		NE-IA	NE-IA BS	Responses were concentrated even more strongly under Helping Others for NE-IA BS, such that most other response choices were lower than for NE-IA. It makes sense that Help in Disaster is higher for NE-IA given nature of BS work. NE-IA volunteers might have a slightly higher overall affinity to ARC's mission than NE-IA BS
		Learn new skills	4%	3%	
		Lev prof experience	25%	24%	
		Meet new people	1%	0%	
		Help others	39%	62%	
		Be part of ARC mission	12%	3%	
		Help in disaster	10%	3%	
Support ARC mission	9%	3%			

Other Observations and Notes

- All percentages in the table above are rounded to nearest whole number
- *Limitations:* The overall response rate is relatively low. Because of the format and data collection practices, Biomedical Services data was not sortable down to the BDA position or Douglas County chapter levels. Not all survey question responses were visualized, and the raw underlying data and open qualitative response fields were not accessible. For these reasons, I mainly used this for reference during instrument design and for testing and triangulation of findings.
- *Overall:* There are a lot of positive results for both NE-IA and NE-IA BS, and there are not major differences. However, where there are differences, these might point to areas to explore further, and possibly home in for tailoring of efforts or messages.



Appendix G – Post Shift Survey Questions and Review Summary

Note: Biomedical Services solicits feedback from all active Red Cross blood drive volunteers under its purview, including BDAs, through a Post-Shift Survey. This survey is administered to BDAs after blood drive shifts via email and/or text. The goal is to ensure operational feedback is captured and facilitate identification of actions to improve the volunteer experience. Factors explored include expectation setting, training, recognition and feeling valued, leadership performance, motivation to continue to volunteer, volunteer/supervisor relationship, and likelihood of recommending ARC to others

Questions/Instrument

Hello Joshua! We appreciate your time, commitment and skills in volunteering with the American Red Cross. Please respond to the questions below regarding shifts that our records indicate you were signed up for, as well as your on-going interest and/or availability to volunteer.

Donor Ambassador on Wednesday, July 29th at 12:00PM

* Were you able to attend?
 Yes No

Please rate your level of satisfaction with the shift today on a scale of 1 (Low) to 5 (High).
1 2 3 4 5

Were you greeted by a member of the Collections/Manufacturing team?
Select ...

Did a team member make sure you had the supplies you needed and understood the tasks you were asked to perform?
Select ...

Was appreciation expressed to you during your shift by a Collections/Manufacturing team member?
Select ...

Overall Experience

Please share any comments about your overall volunteer experience and above rating.

Are you willing to work another shift?
Select ...

Please rate your overall volunteer experience thus far on a scale from 1 (Low) to 5 (High).
1 2 3 4 5

Based on your most recent volunteer experience, how likely would you be to recommend volunteering at a blood drive/transporting blood to a friend or colleague?
1 2 3 4 5 6 7 8 9 10

Review Summary

Format: Excel

Source and Time Period: This data was provided by the partner organization (Biomedical Services). Covering DC BDAs for the period from 8/1/20-6/30/21 (11mo).

Fields/Variables Included: Shift tool, survey name, account name, 1st send date, send method, response date, response time, most recent response?, shift name, drive name, shift date, shift time, shift status, shift satisfaction, greeted, supplies/understood tasks, appreciation, overall rating, overall rating, recommend to friend, comments, work another shift, next shift date, current status name, region name, division name, account created, tenure, city, state, zip code, county, country,

Review Process:

- Sorted results for just DC BDA (vs National)
- Scanned variables of high interest: shift satisfaction, greeted, supplies/understood tasks, appreciation, overall rating, recommend to friend, comments, work another shift, next shift date, comments
- For numeric fields - calculated mean, min and max
- For open comments, reviewed for relevance with high level codes and subcodes used for interview and questionnaire analysis to triangulate and test, looked for any new emerging themes.

Data Excerpt

Field		DC BDA – FY21 (11 mo) N=194 Distinct respondents = 23
Shift satisfaction	Mean score out of 5	4.83
	Min	2
	Max	5
Greeted	%yes	80%
Supplies	%yes	78%
Appreciation	%yes	84%
Overall rating	Mean score out of 5	4.96
	Min	2
	Max	5
Work another shift	%yes	91%
Recommend	Mean score out of 10	9.72
	Min	7
	Max	10

Other Notes and Observations:

- There were few distinct respondents- compared to the total number of BDAs and total number of shifts over the 11-month time period (over 200 shifts per mo, ~90 BDAs on roster)
- Most respondents score everything quite highly and score the fields the same or very similar each time they respond.

- All of those who responded had a tenure of 3 years or less, suggesting that “long-timers” don’t tend to complete the post shift survey
- Some of the open-ended comments are interesting, and pick up/reinforce themes from interview data and questionnaire data
 - About 53% of responses included a comment, 11 distinct respondents
 - Some comments were reaffirmations of the respondent’s positive experience or enjoyment of the role. Sample quotes include:
 - “I really enjoy volunteering, it’s a wonderful experience.”
 - “I really do enjoy volunteering. It’s a great job to do when you have absolutely nothing to do at home. I would definitely recommend this volunteer job to anyone out there.”
 - “I enjoyed helping out when they are short of staffing and it makes it easier on them.”
 - Some informative about how the drive went. Sample quotes include:
 - “The drive went smoothly given the numbers of donors.”
 - “Friday was slow but productive.”
 - Some documented “detractors,” or aspects that negatively impacted the experience. Sample quotes include:
 - “The December 11 drive started late and a number of donors had to wait up to 40 minutes to make their donation. A few donors commented about the thermometer.”
 - “The March 5 drive was understaffed. I had to ask several donors if they could reschedule to another drive. Some donors had to wait up to 30 minutes to make their donation. I had to track down some of my registration table supplies.”
 - Other
 - Referring others to the BDA role - “I recommended it today to another R.C. Volunteer.”
 - Taking on ‘leadership’/greater responsibility - “Had an opportunity to train a Bellevue College student at the registration table.”
 - COVID/Environmental Factors - “Isolated as a precaution after being near someone on December 9 that might have had covid but was asymptomatic. I was tested on December 16 & the result was negative. I have had no symptoms of COVID since.”
 - Situational factors - “I was not able to complete this shift because I was deployed to a disaster.”
 - It seems those with extremely positive experiences and view of the role, and those who are willing to recommend the role to others or take on the extra responsibility of training present an opportunity- perhaps they could be proactively identified and cultivated for deeper engagement with new BDA onboarding and BDA recruitment.



Appendix H – Semi-Structured Interviews Recruitment Email

Note: The elements indicated with ____ were individually tailored for each specific recipient. In most cases, I reached out to the interviewee directly, in many cases, I referenced a referral from another stakeholder or interviewee, as in the example below.

Sample Recruitment Email/Meeting Request – ARC Staff

Hello _____,

Per _____'s email from DATE, I'm reaching out to schedule an interview with you for the BDA Capstone project that I am working on as part of my doctoral program at Vanderbilt University - your perspective will be extremely helpful! Does this day/time work well for you?

I've included a brief summary about the project below for reference. Just a few logistics: the interview will last about 45-60 min (though we might finish sooner than that). Participation is voluntary, and your responses will be kept anonymous. You will have the option to end the interview at any time, or to decline to respond to any question that you choose. I plan to record to facilitate my own notetaking and analysis, but the recordings and notes will only be accessible to myself and my faculty advisor.

I will be using my Vanderbilt Zoom account- below is the information for joining the call. Please let me know if you have any difficulties joining, hearing, or unmuting.

Thank again, and I look forward to speaking with you soon!

Tammie

Capstone Project Summary

-

Title: Improving the Blood Donor Ambassador volunteer fill rate for Douglas County

Purpose: To apply learning from available existing data and interviews with key stakeholders to inform recommendations related to recruitment strategies for BDA volunteers in Douglas County.

Methods: Review of relevant academic literature, as well as existing documents and data, interviews with key stakeholders

Principal Investigator: Tammie Emuron, Doctoral Candidate, Leadership and Learning in Organizations Program at Vanderbilt University (tammie.l.emuron@vanderbilt.edu)

-

Faculty Advisor: Dr. Michael Neel, Lecturer in the Leadership and Learning in Organizations Program at Vanderbilt University (michael.neel@vanderbilt.edu)

Zoom Information

Sample Recruitment Email – DC BDA

Hello _____,

My name is Tammie Emuron, and as A might have mentioned, as part of my graduate studies at Vanderbilt University, I am doing some research about the Blood Donor Ambassador Volunteer role in Douglas County. This research will help inform recommendations to the Red Cross.

Thank you so much for taking the time to complete the questionnaire that A shared! In your responses, you mentioned that you might be willing to participate in a 15-20 min interview to further discuss your perspectives.

If you are still open to this, are there a couple days/times in the next 1-2 weeks that might work well for you? Also, we could either use Zoom, or phone- let me know if you have a preference. (If Zoom, I'll send the link via email, if phone, I'll just need the best number to reach you, or can provide you with mine).

I've included a bit of additional information about this research project below. Please also feel free to let me know if you have any questions!

Thank you again, and have a great day,
Tammie

Capstone Project Summary and Interview Information

-

Title: Improving the Blood Donor Ambassador volunteer fill rate for Douglas County

Purpose: To apply learning from available existing data and interviews with key stakeholders to inform recommendations related to recruitment and retention strategies for BDA volunteers in Douglas County.

Methods: Review of relevant academic literature, as well as existing documents and data, interviews with key stakeholders, including BDAs

Interview Logistics: the interviews with BDAs will last about 15-20 min. Participation is voluntary, and your responses will be kept anonymous. You will have the option to end the interview at any time, or to decline to respond to any question that you choose. The meeting will be recorded to facilitate my own notetaking and analysis, but the recordings and notes will only be accessible to myself and my faculty advisor.

Contacts:

- Student/Principal Investigator: Tammie Emuron, Doctoral Candidate, Leadership and Learning in Organizations Program at Vanderbilt University (tammie.l.emuron@vanderbilt.edu)
- Faculty Advisor: Michael Neel, Lecturer in the Leadership and Learning in Organizations Program at Vanderbilt University (michael.neel@vanderbilt.edu)



Appendix I – Semi- Structured Interviews Protocol

Note: The questions asked varied by interview, according to the interviewee’s perspective and touchpoints with the BDA recruitment and/or retention process. The below protocol includes the bank of questions the interviewer drew from to guide the interviews, and indicates which questions were targeted to which interviewee profile.

Department Name:		Interviewer Name:	
Interviewee Name:		Interview Date:	
Interviewee Title/Role:		Interview Time:	

Preamble

(~5 min)

“Hello, and thank you for making the time to speak with me today. My name is Tammie Emuron, and I am a doctoral candidate in Vanderbilt University’s Leadership and Learning in Organizations Program.

For my Capstone Project, I am conducting an investigation to explore how to increase the number of BDAs available to serve in blood drives in Douglas County. I will be asking questions to help me understand what organizational and individual factors may be contributing to identification, recruitment, and retention of BDAs.

Additional information about this investigation was provided in the email I sent. I wanted to confirm that you received that, and to see if you had any questions about it.

I will be conducting interviews with various people who have a connection to the BDA role in Douglas County. I have requested to speak with you because of your role in _____.

This interview will take about an hour to complete, but you are free to end it at any time. I will record the interview to help me capture notes, but I am the recording will be stored securely, and my Advisor and I are the only ones who will be able to access it. The information you share will be aggregated into a summary report, and it will not be attributed to you by name.

Do you have any questions before we begin?

Interview Questions

Part I

(~20 min)

Investigation Area: Organizational factors contributing to recruitment and retention of BDAs in Douglas County		
Target Interviewee	Recruitment Phase	Retention Phase
Volunteer Services Recruiter	<p>How does ARC currently identify potential BDAs?</p> <p>Can you briefly describe what you are doing in each of the following ARC volunteer recruitment strategy areas in relation to identifying BDAs?</p> <ul style="list-style-type: none"> - talent acquisition (<i>referrals, social networks</i>) - advertising (<i>where you advertise, how you decide on messaging, whether varies by segment</i>), 	<p>Once the prospective volunteer is referred to Biomedical Services, what is your perception of how ARC is doing with orientation, and training, ongoing engaging and retaining of BDAs?</p> <p>Why do you think this is?</p>

	<p>- sales (<i>does NE-IA any institutional partnerships related to identifying volunteers? If no</i>)?</p> <p>Do you have a sense of which targeting strategies or tactics are most effective? What do you think makes them effective?</p> <p>What are the main challenges you face in identifying BDAs?</p> <p>Once potential BDA volunteers are identified, how do you think ARC doing with the rest of the recruitment activities? (screening, orienting, placing, etc)</p> <p>Why do you think this is?</p>	
Volunteer Services Screener	<p>How do NE-IA/DCC currently identify potential BDAs?</p> <p>What do you think attracts BDAs to ARC?</p> <p>What do you think BDAs want/expect of ARC? What rewards/benefits do they seem most interested in?</p> <p>Do you notice any variations in expectations among different volunteer segments? (for example, by age, life stage, professional background, gender, race, etc)</p> <p>For those who don't persevere through the entire recruitment process, why do you think that is?</p> <p>What are the main challenges you face in identifying BDAs? In recruiting them?</p>	<p>Once the prospective volunteer is referred to Biomedical Services, what is your perception of how ARC doing with orientation, and training, ongoing engaging and retaining of BDAs? Why do you think this is?</p>
Volunteer Services Leadership	<p>How is ARC doing with BDA identification and recruitment for DC? Why do you think this is?</p> <p>What organizational factors do you think contribute to these BDA identification and recruitment outcomes?</p> <p>What are the main challenges your team faces in relation to identifying and recruiting BDAs?</p> <p>Can you talk to me about how BDA need forecasting feeds into the recruitment process?</p>	<p>What is your perception of how ARC is doing with BDA onboarding, training, and retention for DC? Why do you think this is?</p> <p>What organizational factors do you think contribute to these BDA retention outcomes?</p>
Biomedical Services Volunteer Engagement Staff Member	<p>How is ARC doing at identifying and recruiting potential BDAs? Why do you think this is?</p>	<p>What does ARC currently do to get new BDAs onboarded once they are referred to biomedical services?</p>

		<p>What do you think attracts BDAs to ARC? What do they seem to expect of ARC once they're in the BDA role?</p> <p>What do BDAs seem to enjoy most about the role? Enjoy less?</p> <p>What does ARC currently do to engage and retain BDAs over the longer term?</p> <p>What are the main challenges you face in engaging and retaining BDAs?</p>
Biomedical Services Leadership	<p>What is your perception of how is ARC doing at identifying and recruiting potential BDAs for DC? Why do you think this is?</p> <p>What organizational factors do you think contribute to these BDA identification and recruitment outcomes?</p>	<p>Can you talk to me about how you forecast the number of BDAs needed?</p> <p>How does this information feed into the recruitment process?</p> <p>How is ARC doing with BDA retention for DC? Why do you think this is?</p> <p>What organizational factors do you think affect BDA retention?</p> <p>What are the main challenges your team faces in performing its role in relation to orienting, training, and retaining BDAs for DC?</p>
Blood Donor Ambassador Volunteer	<p>How did you hear about the BDA volunteer role?</p> <p>What attracted you to ARC/the BDA role?</p> <p>What did you expect of or want from ARC when you were first deciding to become a volunteer? Did you get this?</p> <p>What do you think other potential BDAs want or expect?</p>	<p>What do you expect or want from ARC, now that you've been in the role awhile? Have you gotten this?</p> <p>What do you think other BDAs expect of or want from ARC after they've been in the role for awhile?</p> <p>Do you feel connected to the ARC? If so, I what way, and what caused you to feel that way?</p> <p>What have you liked most/least about the BDA role? Why do you keep doing it?</p>

Part II
(~15 min)

Investigation Areas: Individual factors are contributing to recruitment and retention of BDAs in Douglas County		
Interviewee	Recruitment Phase	Retention Phase

<p>Volunteer Services Recruiter</p>	<p>Are there certain volunteer segments that you specifically target/find to be high potential for the BDA role?</p> <p>If so, which ones? Why? If not, why not?</p> <p>How do you decide what messages to use, via which channel, with which audiences?</p> <p>Is there anything specific to Douglas County (such as the volunteer pool, the geography, etc), that you think affects BDA identification and recruitment?</p>	<p>Do you think there is a relationship between what you do during the recruitment phase, and the volunteer's experience once they are placed in the BDA role?</p>
<p>Volunteer Services Screener</p>	<p>What do you notice about applicants who express interest in the BDA role?</p> <p>What seems to motivate them?</p> <p>Do you notice variations in motivation among different segments? (say by age, life stage, professional background, gender, race, etc)</p> <p>Is there anything specific to Douglas County (such as the volunteer pool, the geography, etc), that you think affects BDA identification and recruitment?</p>	<p>Do you think there is a relationship between what you do during the recruitment phase, and the volunteer's experience once they are placed in the BDA role?</p>
<p>Volunteer Services Leadership</p>	<p>What individual factors (relating to the volunteer him or herself) do you think contribute to BDA identification and recruitment?</p> <p>Describe the ideal BDA applicant</p>	<p>What individual factors (relating to the volunteer him or herself) do you think contribute to retention?</p>
<p>Biomedical Services Volunteer Engagement Staff Member</p>	<p>Do you think there is a relationship between what happens during the recruitment phase, and the volunteer's experience once they are placed in the BDA role?</p>	<p>What are the characteristics of an engaged BDA?</p> <p>What motivates BDAs to stay? What personal reasons do they cite?</p> <p>Why do BDAs leave? What personal reasons do they cite?</p> <p>Do you notice variations in motivation among different segments? (say by age, life stage, professional background, gender, race, etc)</p>
<p>Biomedical Services Leadership</p>	<p>What individual factors (relating to the volunteer him or herself) do you think contribute to BDA identification and recruitment?</p>	<p>What individual factors (relating to the volunteer him or herself) contribute to BDA retention?</p> <p>Describe the ideal BDA</p>

Blood Donor Ambassador Volunteer	What first motivated you to become a BDA?	What motivates you to stay?
	What do you think motivates other potential volunteers to become BDAs?	Have you thought about leaving, and if so, why?
	Are there certain traits that you think are important for BDAs to possess?	What do you think motivates other BDAs to stay? What personal reasons do they cite?
		Why do BDAs leave? What personal reasons do they cite? Do you feel connected to the ARC? To the BDA role? If so, what causes you to feel that way?

Part III
(~10 min)

Investigation Area: Ways in which the understanding of the relationship between organizational and individual factors and the BDA need might inform strategies for future identification and recruitment of high potential BDA segments	
Interviewee	Ideas for Improvement
All Interviewees	What do you think would make the biggest difference in increasing the number of BDAs for Douglas County? Based on what we've discussed today, are there any strategies you would suggest ARC consider in the future to identify more BDAs for Douglas County? Recruit more?

Part IV. Wrap Up
(5 min)

Wrap Up Questions		
Interviewee	Validating Initial Findings from Existing Data	Snowball Sampling
All Interviewees	In my review of the existing data, I noticed XXX <i>(insert trend or observation relevant to interviewee's area of responsibility)</i> . Am interpreting that correctly? Do you have any ideas about why this might be happening/what this might mean?	Is there anything else that you would like to share, or think I should know? Is there anyone else that you think it would be important for me to speak with? Is there any other data that you would recommend I review? <i>(not to ask BDAs)</i>



Appendix J – Open-ended Questionnaire Recruitment Email

Note: Because of his existing relationship and credibility with DC BDAs, “A” from Biomedical Services and I agreed that the questionnaire may get a better response if he was the one to send it. He forwarded my email text to the entire DC BDA list with a cover note from himself.

Recruitment Email Text

Hello all,

Please see below an invitation from Tammie Emuron. Tammie is a Red Cross Volunteer in Omaha, and is also doing some research about the Blood Donor Ambassador role for her graduate studies. She is hoping to learn about your experience as a BDA through a brief questionnaire.

Thanks for considering!

A

Forwarded Email Text

Hello A,

Thank you for passing along this email to the Douglas County Blood Donor Ambassador (BDA) volunteers. As I mentioned when we spoke, for my online graduate program at Vanderbilt University, I am doing some research to understand factors that contribute to recruitment and retention of BDAs in Douglas County. This research will help inform recommendations to the Red Cross.

I have developed a brief questionnaire to gather feedback from the current BDAs. The purpose is to learn more about their experience with the role, and to gather ideas about how the Red Cross could find additional BDAs to help with blood drives in Douglas County. Here is the link to the questionnaire: [LINK](#)

The questionnaire has five questions, and it should take about 5-10 minutes to complete. The responses will be kept anonymous. In appreciation for their time, those who complete the questionnaire by November 30, 2021 will be entered into a drawing for a \$25 Amazon Gift card.

Thanks again for passing this along, and please let me know if anyone has any questions.

Kind regards,

Tammie



Appendix K – Open-ended Questionnaire Questions

Questionnaire for Current Douglas County Blood Donor Ambassadors

The purpose of this questionnaire is to learn about your experience as a current Blood Donor Ambassador (BDA) Volunteer, and to gather ideas about how the Red Cross could find additional BDA Volunteers for Douglas County. The questionnaire includes five questions, and should take about 5-10 minutes to complete. There are no right or wrong answers, and you are welcome to write as much or as little as you wish. Your responses will be kept anonymous. Thank you so much for your time and feedback, which will help inform recommendations to the Red Cross!

1. I have been a Blood Donor Ambassador for: *(enter number of months or years)*

Enter your answer

2. I am a Blood Donor Ambassador Volunteer because:

Enter your answer

3. Something that could improve my experience as a Blood Donor Ambassador Volunteer is:

Enter your answer

4. To identify additional Blood Donor Ambassador Volunteers to support blood drives in Douglas County, the Red Cross should:

Enter your answer

5. I would be willing to participate in a 15-20 minute interview to further discuss my feedback:

Yes

No

6. Please enter your name and email address here if you would like to be entered in the gift card drawing and/or if you responded yes to question 5. (This information will be kept anonymous).

Enter your answer

Appendix L - Linkages Between Project Questions and Data Collection and Analysis

Project Question	What Type of Data is Needed?	Data Collection	Data Analysis
(1) What is the nature of the <u>need</u> for BDAs in DC?	Information about how the number of BDAs needed is calculated, about how many BDA blood drive shifts there are, about how many BDA shifts either filled or unfilled.	Existing internal data Semi-structured interviews with key ARC stakeholders	Use existing data to understand the formal process for determining and communicating need, the numbers behind the BDA shortage, and trends in the BDA position and shift fill rate, Use interview data to understand the extent to which need is understood, what the current actual experience is with the process of forecasting and communicating need, and the possible factors behind the fill rates.
(2) In what ways do <u>organizational factors facilitate or inhibit</u> a) recruitment and b) retention of BDAs in Douglas County?	Information about ARC need forecasting; information about methods for and volume of identification, recruitment and retention activity for potential BDAs, and related opportunities and challenges; information about the nature of the BDA experience with the BDA role, and BDA expectations of ARC and the role	Existing internal data Semi-structured interviews with key ARC stakeholders, including staff with connections to the BDA role, and existing volunteers	Use existing data to establish the current parameters related to ARC need assessment identification, recruitment and retention activity as a baseline from which to identify comparative strength or weakness and recommend improvements. Identify trends to probe more deeply about during the interviews Use interview data to identify a range of possible organizational factors and assess the degree to which each may be contributing to identification, recruitment and retention
(3) In what ways do <u>individual factors facilitate or inhibit</u> a) recruitment and b) retention of BDAs in Douglas County?	Information about BDA personal and sociodemographic characteristics, motivation, satisfaction, reasons for joining or leaving; information about the degree to which they identify with ARC, feel emotionally connected	Existing internal data Semi-structured interviews with key ARC stakeholders, including staff with connections to the BDA role, and existing volunteers	Use existing data to establish the current parameters related to ARC BDA characteristics, motivation, and satisfaction, identification and emotional connection as a baseline from which to identify comparative strength or weakness and recommend improvements. Identify trends to probe more deeply about during the interviews Use interview data to identify a range of possible individual factors and assess the degree to which each may be contributing to identification, recruitment and retention
(PQ4) Which volunteer <u>segments</u> have <i>high potential</i> to be interested in, and/or well-suited for the BDA role?	Information about which factors prompt interest in the BDA, which factors make someone a good fit for the BDA role, and which segments tend to exhibit a high degree of interest and/or a high degree of fit	Existing internal data Semi-structured interviews with key ARC stakeholders, including staff with connections to the BDA role, and existing volunteers	Use existing data to analyze the characteristics of current BDAs and other ARC volunteers, and the stated requirements for fit with the BDA role Use interview data to probe more deeply about which factors tend to be associated with high interest in the BDA role, and unstated or subtle factors for fit with the BDA role

Appendix M – Coding Structure for Interview Transcript and Questionnaire Analysis

Note: I derived the codes from the Project Questions, and applied them to the first review of the interview transcripts and questionnaires. Based on the themes that emerged from the first review, I developed the “emergent” subcodes, and applied these during a second review of the interview transcripts and questionnaires.

Codes

Code	Subcode	Link to PQs	Definition	Illustrative Quote	Prominent Themes
Contextual/ External	N/A	PQ2 PQ3 PQ4	Respondent mentions something that relates to events or situations outside of the RC which have a bearing on DC BDA recruitment and retention.	“That’s a theme that’s connected throughout Omaha a lot of bigger organizations that came in here are leaving they’re going to other areas of the country.” “I know people are afraid of corona”	COVID-19 pandemic; Inflation; Brain drain from Nebraska; Movement of companies out of Omaha
Organizational Factors	General	PQ2	Respondent mentions something that relates to the broader RC organizational context which has a bearing on DC BDA volunteer recruitment and retention	“Frankly, it’s one of the downsides of being a huge national organization.” “The information that’s being disseminated from National.”	NE-IA regional reorganization that occurred in 2019; Roles of RC National HQ vs RC regions
Organizational Factors	Forecasting Need	PQ1 PQ2	Respondent mentions some aspect of the RC process for or experience with determining the number of BDAs needed for DC	“Douglas County and Omaha specifically are unique in the way that we are like the third highest market in the nation,” “So I can make the adjustment, because the need is based on historical data.”	Process of validating forecasted numbers with BS staff; Coordination between BS and VS about optimal BDA number projections
Organizational Factors	Recruitment	PQ2	Respondent mentions some aspect of the RC process for or experience of converting potential volunteers into new volunteers	“I think the process is really important, how they do the process, how you follow up with people how you check in and see how somebody is doing.” “That was a story in their family with the Red Cross... those are the people that really come in and they’re ready to be Red Cross volunteers”	Recruitment tactics used (flyers, online posting); Screening questions used; Communications with applicants during the application and onboarding process; Referrals from board connections, staff and volunteers; Partnerships with church groups, businesses
Organizational Factors	Retention	PQ2	Respondent mentions some aspect of the RC process for or experience with converting new volunteers into experienced volunteers and encouraging continued affiliation with the RC	“It’s an environment that they really like it’s almost familial in a way for a lot of these volunteers.” “We cannot create a new standard of expectation to do five times the work than they’re supposed to do just because they’ve been willing to help us”	Deactivation reasons -
Individual Factors	Recruitment	PQ3 PQ4	Respondent mentions some aspect of the potential volunteer’s decision to enter into the	“I talk to them make sure that they’re a good fit for the program they have enough time to volunteer they are interested in the position”	Desire to help others;; Community service requirement; Availability; Physical constraints

			nominee phase and become a new volunteer	“A lot of times people are interested in learning opportunities”	
Individual Factors	Retention	PQ3 PQ4	Respondent mentions some aspect of the volunteer’s decision to continue volunteering	“With that kind of pattern, you’ll be able to see that within the first month if it’s someone who’s just not really engaged with it” “The people who are the consistent are the people that want you don’t want to frustrate.”	Desire to help others; Feeling of enjoyment or identification

Emergent Subcodes

Emergent Subcode	Link to Codes	Link to PQs	Definition	Number of Applications	Illustrative Quotes	Prominent Themes
Alignment of Expectations between BDAs and ARC	Organizational & Individual Factors	PQ2 PQ3 PQ4	Respondent expresses something that about sheds light on the BDAs expectations, ARC’s expectations, and/or the degree to which there either is or is not alignment between the expectations of the BDAs and ARC respectively.	Transcript Excerpts: 219 Questionnaire responses: 11	“Every volunteer in the entire organization, no matter what you do needs to pass the background check, the basic criminal background check” “There’s a bunch of reasons why people are uncomfortable with that (background check) not the least of which is they don’t want to put those social security numbers on the Internet”	ARC’s non-negotiables; ARC’s other /subtle expectations; BDA shift expectations, incompatibility of ARCs expectations vis a vis certain segments; ARC efforts to match expectations; not delivering on expectations; expectations between VS and BS, at other levels of ARC
Communication, Collaboration, Relationships & Information Access among ARC staff	Organizational Factors	PQ1, PQ2	Respondent expresses something about some aspect of the ARC communication, collaboration, relationships, and/or access to information between RC staff/vols involved in BDA recruitment and retention	Transcript Excerpts: 227 Questionnaire responses: 1	“I have no idea what they do over there, I have no idea.” “People are not necessarily listening for understanding... they’re not listening.”	Lack of line of sight on entire recruitment/ retention process; info access; Within team, across team info gaps and disconnect (ie BS to VS, within BS, within VS); External relationship touchpoints; disjointed; Positive intra team or function comms and collab; Word choice hints at tension; “Us vs them” mentality, competition, lack of trust, culture gap; Need for relationship building (BS, VS); Acknowledgement of other’s perspective, situation (VS vs BS); ARC more broadly; Priorities; Disappointment with each other, lack of collaboration and openness
Drawers/ Enablers/ Enhancers; Barriers/Inhibitors for volunteers	Organizational & Individual Factors Environmental / Contextual	PQ2, PQ3, PQ4	Respondent mentions something that either draws them to ARC/volunteering, or enables people to become volunteers; or to something that poses a barrier to or inhibits them from being drawn to ARC or becoming a volunteer	Transcript Excerpts: 143 Questionnaire responses: 21	“It’s the name recognition... everybody knows the Red Cross, everyone knows... it’s at the forefront of people’s minds” “The BDA role in general can be a hard sell for some people, just because blood drives are long- they kind of the last all day”	Barriers to entry; Inhibitor (friction on entering or staying); Detractors (detracts from experience once in); Drawers (attracts or draws people to enter RC, BDA role); Enabler (helps facilitate, make possible entering, settling to role, remaining in ARC); Enhancer (enhances, adds to BDA experience); Situational factor/rhythm;
External/ Environmental	Environmental / Contextual	PQ2, PQ3, PQ4	Respondent expresses something about some aspect of the external environment that has a	Transcript Excerpts: 77 Questionnaire responses: 3	“I think a lot of the problem is COVID... a lot of senior citizens died, and the ones who are left are doing grandma daycare”	COVID; Other Commitments; City Size/Market; Brain drain/ business trends; Required community service; Economy;

			bearing on BDA recruitment or retention		“I watch out of it for the grocery prices.... it’s very obvious they’re creeping up so you know, some people might need to supplement their income”	
Flexibility, Innovation and Change	Organizational Factors	PQ1, PQ2	Respondent expresses something about ARC and/or ARC staff and/or vol/BDA stance vis a vis new ideas, innovation and change.	Transcript Excerpts: 151 Questionnaire responses: 0	“There’s always a reason why it won’t work when we haven’t even tried it.” “You have to be creative, you have to be able to be to try things and whether...it’s a risk, or is it a slam dunk you don’t know until you try.”	Changes to BDA role; Changes to external environment; Inflexibility, constraints, close-mindedness; Openness to, space for innovation, opportunity for idea exchange; Change; Needed Change;
Metrics, Incentives, Goals & Priorities of ARC	Organizational Factors	PQ1	Respondent expresses something about the metrics, incentives, goals or priorities related to BDA recruitment and retention, or of the groups involved with BDA recruitment and retention	Transcript Excerpts: 172 Questionnaire responses: 0	“For every person who sits on our roster not doing anything it actually does negatively affect all of our metrics.” “Our success can be used against us, because...they can look at our numbers and say you do not need that many volunteers.”	How metric is calculated; lack of understanding of or info about metrics; Metrics put on folks, folks are under, accountable to; Metric masking issue; looks good on some level; Metric/incentives misaligned; Ambitious/unreasonable targets, “math” doesn’t add up; New metrics, efforts; Primary goals, focus, priorities
Recruitment Tactics of ARC	Organizational Factors	PQ2, PQ3, PQ4	Respondent expresses something about ARC’s recruitment tactics for BDAs	Transcript Excerpts: 236 Questionnaire responses: 18	“As far as the recruiting part of that we have lots of different channels.” “I don’t really have a lot of partnerships or relationships, no nothing that has been inherited.”	External relationships, partner sending; various requirements/ rhythms; External relationships- recruiting at partner site, or external event or venue; Pitches, reception to pitches, fit; COVID impacts- constraints and opportunities; Nascent, new ideas; Internal recruitment- RC vols multiple roles; Channels, ways of doing it; Other challenges, changes
Segments/the Pool of volunteers	Individual Factors	PQ2, PQ3, PQ4	Respondent expresses something about types of/characteristics of people they think may be interested in or well suited for the BDA role	Transcript Excerpts: 252 Questionnaire responses: 20	“Our next largest group and really our most consistent group over a longer period of time is people who are retired.” “We definitely get a ton of waves, as far as students, go, we get a lot of new volunteers, as the school year starts mostly after football season,”	Groups/Types; Promising, persevering types; Less promising, not persevering types; Timing, situational factors; Not reaching, not doing, constraints; Messaging, tailoring, matching, role evolution; Volume

Appendix N – Summary Triangulation and Testing Notes

Themes from Original Data <i>(interviews and questionnaires)</i>	Relevant Evidence from Existing Data <i>(reports, lists, dashboards, surveys)</i> Confirmatory, Contradictory, or Neutral?	Implications
(PQ1) What is the nature of the need for BDAs in Douglas County?		
Volume of blood production (and by extension BDA need) is high in DC (perhaps disproportionate to size of metro area)	Shift coverage data confirms consistently high volume Population data vs number of blood drives confirms difference in relative size of metro	It's unlikely the need for BDAs will go down, recruitment, retention and/or engagement must therefore go up
It is calculated using a certain formula, has a basis in both historical data and actual volunteer requests. There are a certain number of positions forecasted to be needed (calculated annually), also a certain number of actual shift requests (available about 2 weeks in advance). The numbers are driven by need for volunteers (demand) rather than volunteer availability (supply)	Business Unit Guidance confirms interview comments regarding nature of forecasting process, the way need numbers are derived from blood drives and blood production goals	There need to be ways to respond to the demand. While turn around on shift asks can be short, the overall volume of need is somewhat predictable, which makes it easier to prepare for, strategize toward
Overall need doesn't vary substantially during different seasons of the year, but there are times of days, days of the week, or locations that tend to be either harder or easier to fill than others	Shift coverage report data does confirm consistently high monthly and weekly averages, but doesn't show variations at a more granular level	Might need more analysis, or referencing of other available internal data by ARC to understand these rhythms with greater granularity and implications for recruitment strategies and messaging
Staff in VS, and even some in BS (not directly involved with forecasting) expressed uncertainty where the need numbers are coming from or how they were calculated. There also seems to be an issue with metrics and incentives, such that the true magnitude of need is sometimes masked if existing BDAs do extra shifts, if BS uses informal volunteers	Not referenced in existing data	Interviews are main source of this theme, it does come out strongly. It seems lack of information and communication about the nature of the need, or masking of the true magnitude of need would be a hindrance to effective efforts to fill that need through recruitment and retention
(PQ2) In what ways do organizational factors facilitate and/or inhibit a) recruitment and b) retention of BDAs in Douglas County?		
Facilitate Recruitment		
Brand, knowing/loving ARC was cited many times by interviewees and questionnaire respondents, as was a respect for ARC's work and desire to contribute to the mission	Internal docs-slide deck includes data points from studies done on ARC's brand New survey includes fields related to mission in relation to reasons for volunteering. Both are confirmatory, however per survey- desire to contribute to mission is slightly less strong for DC BDAs	ARC is aware of this as a draw, while at the same time there is indication of more overall competition for volunteers, and lack of awareness of the specific need for BDAs, so the implication seems to be that it's important to leverage brand and affinity while also actively communicating need and inviting participation
People seem to interface with, have connection points with ARC through family stories, receiving prior services, being a volunteer or staff member, etc. Similarly with blood donation- many respondents were donors, used to be donors, knew donors, had received a lifesaving donation, etc. Interviewees also mentioned this.	Active volunteer lists seem to confirm prevalence of connection points among current NE-IA volunteers and BDAs	These could potentially be high potential segments. These connection points should be leveraged through targeted recruitment efforts. Stories may be a source of material
Interviewees mentioned how the array of shifts available makes this role attractive to those with community service requirements, they also mentioned how some people seemed to find the work quite meaningful	Shift coverage reports confirm that there are many shift offerings. New volunteer survey data suggests desire to help is a motivator, annual volunteer and post shift survey data indicate that many find the work meaningful and plan to continue	This is something to continue leveraging, using as a selling point with those prospective volunteer segments who would find these to be selling points/attractive
Facilitate Retention		

Several interviewees mentioned their efforts to match applicants up with an opportunity that aligned with their interests and/or situation, and communicate expectations about the process, the timelines, etc	From website, can see matching tool, can see communication of expectations in recruitment materials. New volunteer survey suggests expectations are clear, though indicate some desire for more communication during the process	This seems helpful, like something they should continue doing, perhaps weighing the matching of volunteer interests and needs against the nuanced and high overall BDA need.
Several interviewees expressed receiving feedback from volunteers that they ended up really enjoying the roll, questionnaire respondents, likewise cited several aspects they especially liked, that enhanced their experience	Annual and post shift surveys suggest volunteers are finding the work to be meaningful, a good experience as they had hoped. New volunteer surveys suggest people generally found the process clear and helpful, knew what was expected of them. Dashboards show lower results for NE-IA BS vs NCD division	Might be good for ARC to catalog these enhancers and positive stories both for marketing purposes, and to explore ways these can be further expanded, encouraged
Inhibit Recruitment		
ARC seems to have some 'non-negotiables,' or requirements that keep some applicants out or make it harder for them to advance. Interviewees expressed that some people were not making it through the process, wanted more communication or help, had difficulty with technology	Internal documents confirm requirements. In new volunteer survey, can see lower results for 'received enough communication' during process, although the process overall received high marks. Dashboards show number of de-activated applicants, other regions in NCD seem to have a similar proportion.	There may be some groups/segments that just aren't a good fit or who would take a lot of energy to get through the process for a low return in terms of volume and/or retention. It may be best to recognize these, and invest energy elsewhere. Some groups though, may be promising, but just need a little extra support to get through, such as retirees
Several interviewees mention possible partnerships, or partnerships that exist elsewhere, but note that there is not a master list or plan, there is little to follow up or documentation, they depend on individual staff networks	This is mainly evident in the lack of written approaches, strategies or guidance at the NE-IA level	This seems both energy intensive and time consuming, and increasingly important, especially given the need for a high volume of additional volunteers in DC, and given the 2021 Volunteer Recruitment Strategy. It seems it needs to be more systematic, less ad hoc in order to yield fruit
Inhibit Retention		
Several mentions of existing BDAs getting burned out by being asked to do extra shifts, several mentions of issues with supplies, or snags during blood drives.	Shift coverage reports confirm proportion of BDAs doing more than required one shift per month. In post shift survey, several references to supplies, times when blood drive was less smooth	It is good for ARC to be aware of to the extent that it's possible to minimize supply issues, equip BDA with support and guidance about how to handle issues at blood drives (who to go to), and use them as an information source for improving the blood donor experience. The shift issue may necessitate a different approach to address the expectation misalignment
Inhibit both Recruitment and Retention		
Issues with communication, collaboration, trust, information sharing seem to be quite prominent in the interview data, with similar issues being raised by both VS and BS staff. There is some real depth to these issues, which seems like a challenge given that BDA recruitment and retention is an interdependent process. Seems to tie into historical separate nature of BS, and the One Red Cross initiative	This is not explicitly evident in the existing data, but the internal documents do show that VS and BS are each held to their own metrics, have their own standard operating procedures and strategies, etc, they also provide more background on the "One Red Cross" initiative.	It seems there may need to be some kind of structured team building or trust-building exercise, more regular meetings structured around listening, sharing of information about need, co-creation of creative solutions to address mutual issues. Some share metrics or incentives might be needed to bolster this
(PQ3) In what ways do individual factors facilitate and/or inhibit a) recruitment and b) retention of BDAs in Douglas County?		
Facilitate Recruitment & Retention		
The flip side of ARC's requirements is whether the prospective volunteer is willing and/or able to meet the. For example, whether they can pass a background check, navigate online systems, be available when there are open shifts, etc. If they are a strong fit on these fronts, it would be more possible for them to persist longer in the role than if there were a mismatch	Many of the screening materials and internal documents communicate the requirements so that applicants can be sorted, and in some ways self sort	There is not flexibility around some requirements, but there are some hurdles that may make it harder for some groups to be a fit, and perhaps there would be some creative ways to reduce or minimize these to broaden the pool. Having more nuanced information about need may also make it possible to assess fit at a more granular level at the recruitment stage

Some people are more prone to take an interest in the ARC and/or a role like the BDA role. Based on the interviews and questionnaires, those with a strong desire to help others, those who have been helped or known people who have been helped by a similar service, or those who have some kind of community service requirement to fulfill seem to tend to have a higher than average interest, which might make them more likely to both take up and persist in the BDA role	It is possible to look at certain profiles on the active volunteer list and compare their tenure. These groups do seem to be prevalent, while tenure varies	If groups who are naturally more interested are more inclined to enter and persist in the role, they seem higher potential, and a potentially good return on investment for recruiting effort. It doesn't seem that current recruiting is targeting them in a very intentional way
Inhibit Recruitment		
Several questionnaire respondents and interviewees mentioned that some people don't realize that the BDA role is not a staff role, or that there is a need to do more (or differently) to get the word out about the need for BDAs. While it's posted online, retired people might not find it there- there is a need to try creative ideas and reach segments where they are. Recruiters don't seem very clear which tactics are yielding the greatest return	The active volunteer lists and new volunteer surveys have some data on how people heard about the opportunity. Online comes out high, but this could be skewed given that people who heard about online are the ones that made it in in higher proportions. Data about who is not hearing is harder to come by.	There seems to be space to get the word out more broadly, and also through more targeted channels. There might need to be a more obvious way for to communicate at blood drives that BDAs are volunteers (a pin or sign or something, or an opportunity to indicate interest or apply)
Inhibit Both Recruitment and Retention		
There seem to be fairly individualized circumstances that contribute to difficulty joining or staying, such as whether one's schedule aligns, whether one can pass a background check, whether one encounters the marketing about the opportunity, whether one meets the criteria for the position, whether there is sickness, a change of medical, economic or other life circumstance that affects ability to continue, etc. Some seem more common in certain segments, some relate to the broader external environment, like the economy	The deactivated volunteer list is not very detailed, but hints at some of these individualized circumstances in the de-activation reason field.	While ARC cannot control all these circumstances, they may be able to anticipate them, and consider whether there are flexible options to accommodate them where possible, or to plan in advance for the resulting attrition. Having a sense of those that tend to be common within segments may facilitate this
(PQ4) Which volunteer segments have high potential to be interested in, and/or well-suited for the BDA role?		
Higher potentials cited and alluded to by interviewees and questionnaire respondents seem to include former blood donors who are deferred, people with a story about benefitting from blood donation or other ARC services, possibly nursing students or college students more broadly, though students tend to offer shorter-term commitment. Interest seems intense when there is a personal story or connection. Fit seems to relate to having expectations aligned, having availability, being able to meet requirements	There is some (somewhat incomplete) data in the active volunteer list about the proportion of current NE-IA volunteers and DC BDAs that fall in these groups. Some seem strongly represented, others less so. The open-ended field offers some insights into motivations for joining, and how they heard- there does seem to be a theme there related to blood donation connection and college community service requirement	Staff seem aware of the high potential who are or could be a good fit, have interest, but in discussing recruitment tactics, they don't seem to specifically target these groups in a more direct or intentional way than other groups
Lower potentials seem like perhaps high school students, those with court-ordered community service. For high school students, this relates to lack of flexible schedule, lack of autonomy to complete the process on their own. The second group may have difficulty with the background check, may also be very short term/episodic	Similar evidence as described above in relation to the Active volunteer list, though unregistered volunteers are not captured there. Shift coverage report shows that unregistered covered a high proportion of shifts in FY21, though that was before ARC started requiring them to become more formalized	Some may just not be a fit, or may not yield enough volume to merit special energy or attention

Appendix O – Summary of Findings by Project Question

Project Question	Finding/s	
PQ1. What is the nature of <u>the need</u> for BDAs in Douglas County?	Finding 1 - Interviews, reports, and internal documents indicate that the need for BDAs in DC is formulaic and demand-driven, consistently high, nuanced, and not always clear to all VS and BS stakeholders involved with BDA recruitment and retention	
PQ2. In what ways do <u>organizational factors</u> <i>facilitate</i> and/or <i>inhibit</i> a) recruitment and b) retention of BDAs in Douglas County?	Finding 2.1 – Interviews, questionnaires, and new and annual volunteer surveys suggest that prominent organizational factors that:	
	<i>a) Facilitate recruitment</i> of DC BDAs include ARC’s strong brand and affinity for ARC, connection points of prospective volunteers with blood donation and/or ARC, and the substantial opportunity offering in terms of both the number of BDA shifts, and the meaningfulness of the work	<i>b) Facilitate retention</i> of DC BDAs include matching and expectation setting efforts made by ARC during the recruitment phase, expectations delivered by ARC in terms of the BDA experience, and ‘enhancers,’ or aspects of the experience that go above and beyond expectations
	Finding 2.2 - Interviews, questionnaires, and new and annual volunteer surveys suggest that prominent organizational factors that:	
	<i>a) Inhibit recruitment</i> of DC BDAs include barriers and hurdles to entering or progressing through the recruitment process, and lack of coordinated relationship management among ARC stakeholders	<i>b) Inhibit retention</i> of DC BDAs include expectations not delivered and detractors from the BDA experience.
	<i>a) Inhibit recruitment and b) Inhibit retention</i> of DC BDAs includes the need for greater communication and collaboration between BS and VS staff who play a role in DC BDA recruitment and retention	
PQ3. In what ways do <u>individual factors</u> <i>facilitate</i> and/or <i>inhibit</i> a) recruitment and b) retention of BDAs in Douglas County?	Finding 3.1 - Interviews, questionnaires, and new and annual volunteer surveys suggest that prominent individual factors that:	
	<i>Facilitate</i> a) recruitment and b) retention of BDAs in DC include <i>strong fit</i> on the part of prospective volunteers, elements of which include alignment of availability with need, ability to meet ARC expectations and requirements, external client service orientation, communicativeness, flexibility, and self-sufficiency; and <i>strong interest</i> on the part of prospective volunteers, elements of which include desire to help others, connection to blood donation, connection to the ARC, desire to build experience, and a requirement to complete community service	
	Finding 3.2 - Interviews, questionnaires, and new and annual volunteer surveys suggest that prominent individual factors that:	
	<i>Inhibit</i> a) recruitment and b) retention include situational factors related to the volunteers and their own circumstances	
	<i>Inhibit</i> a) recruitment include: lack of awareness of the need for BDAs	
PQ4. Which <u>volunteer segments</u> have <i>high potential</i> to be interested in, and/or well-suited for the BDA role?	Finding 4.1 - Interview and questionnaire data, internal documents, and existing volunteer lists suggest that based on relative level of fit and interest, prospective BDA volunteer segments can be grouped by level of potential, and that the tiers include:	
	<i>Top tier</i> : those with a connection to blood donation and retirees	<i>High tier</i> : those with other ARC connections, and those with a medical connection

Appendix P – Heat Map of Prospective Volunteer Fit and Interest Elements

Note: This map includes a selection of the prospective volunteer segments derived from the existing and original data, mapped against fit and interest factors.

Upper Tier Segments	Blood Conn	Retired	Other ARC Conn	Multi-rollers	Med Conn	Students HS	Students College	Employee Groups	Other Comm Group Affl	Obligatory Comm Service
Select Fit Elements										
Availability generally matches need										
Potential to offer volume/ pipeline										
Tendency for a long commitment										
Expectations aligned										
Tech/computer ability										
Select Interest Elements										
General desire to help people										
Desire for sense of purpose										
Desire to give back										
Intensity of personal commitment										
Build or leverage experience										
Community service requirement										
Analysis										
Overall potential level										
Potential to tap more of this segment in DC										
Where to reach	Drives Partner facilities Personal contacts	Retirement comm In person appeal Personal contacts	Via current ARC connection points	Via current ARC connection points	Via key contacts Personal contact	Online Via key contacts	Online Via key contact / partnership	Via key contact / partnership	Via key contact/ partnership	Via key contact/ partnership
Possible message to reach	Save lives Give back	Save lives Have purpose	Help others Contribute to ARC Mission	Contribute in high need role	Apply skills Gain experience	Fill requirement Build CV	Get experience, build CV Fill a req Many shifts	Give back to community Be part of something meaningful	Give back to community Be part of something meaningful	Fill a requirement Many shifts available






Key

Top	High	Medium High	Medium	Medium-Low	Low
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Notes

- Where there was variability within the segment by individuals and/or the element did not come out in the data as strong or weak, I generally assigned ‘medium.’
- This heat map is derived from the underlying data, but is naturally subjective. Other stakeholders may assign different levels to different segments, or may even prefer to define the segments differently. However, filling out this tool or a similar one as a small group could be a useful exercise for building consensus among ARC stakeholders about who the top segments are and how to reach them.

Appendix Q – Summary of Linkages between Findings and Recommendations

Recommendations	Link to Findings	
	<p>1. Target the Highest Potentials. Focus more energy on the top and high potential segments, communicate the need for BDAs in the ways and places they are most likely to hear it, and offer them supplemental attention and support through the recruitment process to reduce hurdles and facilitate organizational socialization.</p>	<p>Finding 1 - Fill high need Finding 2.1, 2.2 – Leverage ARC brand and affinity and opportunity offering, align expectations, maximize return on effort Finding 3.1, 3.2- Leverage high fit and high interest, increase awareness of need Finding 4 – Recognize and encourage entry and progression of high potential segments</p>
	<p>2. Flex to Fill Out the Bench. Systematically build community partnerships to establish a reliable pipeline of volunteers from the medium tier of potential, creating flexible options to reduce barriers and hurdles.</p>	<p>Finding 1 – Fill high and nuanced need Finding 2.1, 2.2 – Lower barriers and hurdles, build relationships in a coordinated way Finding 3.1, 3.2 – Accommodate situational factors, Leverage high fit and high interest, increase awareness of need Finding 4 – Leverage medium tier potential segments</p>
	<p>3. Fill Shifts, Not Just Positions. Communicate about and recruit for nuanced shift need and revisit expectations around shift requirements to encourage volunteers who can offer more to self-identify.</p>	<p>Finding 1 – Fill high and nuanced need Finding 2.1, 2.2 – Align expectations Finding 3.1, 3.2 – Be aware of situational factors</p>
	<p>4. Rely on and Renew Rockstars. Create pathways for existing “rockstar” DC BDAs to be recognized for their service and experience renewal by engaging in new ways, and align some renewal pathways with efforts to improve the BDA fill rate.</p>	<p>Finding 2.1, 2.2 – Facilitate organizational socialization, align expectations Finding 3.1, 3.2 – Increase personal contact, recognize experience, know and accommodate situational factors,</p>
	<p>5. Operationalize “One Red Cross.” Prioritize strengthening communication and collaboration between all staff who play a role in BDA needs assessment, recruitment and retention, and foster a culture of active listening and openness.</p>	<p>Finding 1 - Enhance understanding of need Finding 2.1, 2.2 - Build trust, collaboration, strengthen handoff points, improve relationship management, be open to new ideas</p>

“Together we can save a life.”

- *The American Red Cross*