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Intimacy, identity and loyalty: Exploring the mediation pathways towards donor loyalty and the moderating role of donor identity esteem

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**INTIMACY, IDENTITY AND LOYALTY:
EXPLORING THE MEDIATION PATHWAYS TOWARDS DONOR LOYALTY
AND THE MODERATING ROLE OF DONOR IDENTITY ESTEEM**

by

DEJIE KONG

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in partial fulfilment for the degree of

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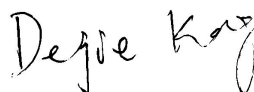
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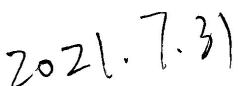
Author's Declaration

At no time during the registration for the degree of Doctor of Philosophy has the author been registered for any other University award without prior agreement of the Doctoral College Quality Sub-Committee.

Work submitted for this research degree at the University of Plymouth has not formed part of any other degree either at the University of Plymouth or at another establishment.

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Abstract

INTIMACY, IDENTITY AND LOYALTY: EXPLORING THE MEDIATION PATHWAYS TOWARDS DONOR LOYALTY AND THE MODERATING ROLE OF DONOR IDENTITY ESTEEM

DEJIE KONG

As the global economic and political situation is increasingly prominent, donor loyalty is one of the biggest challenges facing the charity sector in many countries today. Research in fundraising has shown that even a small improvement in donor loyalty can have a huge impact on charity income in the long term. Although marketing scholars have examined factors such as trust, commitment and satisfaction—the key to drive donor loyalty—the complex nature of donors’ underlying psychological processes toward donor loyalty remains unclear.

This thesis aims to enhance our understanding of donor loyalty by studying the role of intimacy and donor identity esteem in donors’ psychological processes. Building on the marketing and social psychology literature, it explores the mediating pathways involving intimacy and other loyalty factors trust and commitment, as well as the moderating role of donor identity esteem in donors’ psychological processes. It employs mixed quantitative methods including a field survey and an online experiment on multiple samples including UK donors and the US general population. The results of this research demonstrate the mediating role of intimacy and the moderating role of donor identity esteem in the psychological process towards donor loyalty. Field Survey 1 reveals that intimacy has a positive direct effect on donor loyalty and mediates the effect of trust on donor loyalty through commitment. When donor identity esteem is higher, the effect of trust on intimacy and the effect of commitment on donor loyalty are stronger, while the effects of intimacy on commitment and loyalty are weaker. Online Experiment 2 confirms the findings from the earlier study and further explores the

process by which donors' feelings of intimacy transmit to commitment. The results reveal that donors' intimacy transmits to commitment through both inward/self-reinforcing and outward/other-caring pathways, and the level of these effects depends on the level of donor identity esteem. Higher donor identity esteem strengthens one's inward/self-reinforcing pathway while it weakens the outward/other-caring pathway. This study expands the scope of relationship fundraising and contributes to nonprofit marketing and psychology research since it introduces the concept of intimacy into the fundraising context and reveals the complexity of donors' psychological process towards loyalty. The findings can be useful for understanding the psychological mechanisms of charity supporters and may encourage future research and better practices on the subject pursuant to the goal of a sustainable and meaningful donor-charity relationship.

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CHAPTER ONE: INTRODUCTION

1.1 Research background

Charities play an important role in solving some of the most significant social problems facing our global community today (e.g. ending poverty and hunger, promoting health and well-being, protecting the planet, reducing inequalities, and fostering peace, United Nations, 2015). The COVID-19 pandemic has changed donor habits and attitudes towards charities, fundraising and donating behaviour. Charities face increasing financial uncertainty and intense competition in the fundraising market (Zogaj et al., 2021; CAF, 2021). To support charities' long-term missions, fundraisers need to ensure sufficient and sustainable income in the increasingly tough economic and political environment. The degree to which charities can succeed is very often correlated with how successfully fundraisers can raise continuous donation in the long term. This thesis focuses on understanding donors' psychological process towards donor loyalty.

Loyalty is about whether and to what extent a person supports an organisation for a long time (O'Reilly et al., 2012). For most charities, loyal donors are those who give to support a charity time after time. They tend to give more and give longer and are more likely to spread positive word-of-mouth to family and friends and to make major gifts or bequest gifts (Sargeant & Shang, 2017). In the charity context, donor loyalty has been highlighted in nonprofit marketing literature (Boenigk & Helmig, 2013; O'Reilly et al., 2012; Sargeant & Jay, 2004; Sargeant & Woodliffe, 2007; Shabbir et al., 2007; Wymer, & Rundle-Thiele, 2016).

It is essential for both academia and practitioners to better understand donor loyalty as well as the psychological mechanism behind it because low donor retention is one of the most pressing issues facing the charity sector today. In a large-scale analysis of donor records, Lawson (2016) reported that UK donors recruited in 2000 gave for an average of 6 years, whereas donors recruited in 2010 gave an average of only 4.4 years (Lawson,

2016). For online giving, in the United States, 88.6% of newly acquired donors will not renew their support for a second year, and the decline in new retained donors was much larger (-11.6%) than repeat retained (-2.8%) compared to the ratios in the previous year (Fundraising Effectiveness Project, 2020).

Indeed, a low donor retention rate means that charities are spending potentially huge amounts of money in replacing contributors when that money could have been used for charitable purposes (Sargeant & Shang, 2017). The acquisition cost of recruiting new donors is approximately six times that of retaining existing donors (Sargeant & Shang, 2017). Along with the rising cost of acquiring new donors, the regulation of data protection in the EU and UK makes it even more difficult to solicit new supporters (Fluskey, 2016). Charities, therefore, have little choice but focus on retaining existing donors and increasing donor loyalty.

1.2 Research gap

There has been considerable discussion on donor loyalty in the relationship fundraising literature (Burnett, 2002; Sargeant, 2001; Sargeant & Jay, 2004; O'Reilly et al., 2012; Sargeant, 2016; Drollinger, 2018). Relationship fundraising is a relational marketing approach that emphasises the importance of developing and continually nurturing the relationship between charities and donors (Sargeant, 2016). Donor loyalty is an important research topic in relationship fundraising. Substantial research on what drives donor loyalty centers on donors' attributes of the donor-charity relationship.

Prior research has found satisfaction, trust and commitment to be the three most reliable and valid factors that drive donor loyalty in the charity context (Sargeant, 2001; Sargeant & Lee, 2004; Sargeant & Woodliffe, 2007; Shabbir et al., 2007). The literature shows that although all three factors have positive direct effects on donor loyalty (Lawson, 2016; Shang et al., 2019), only trust and commitment may influence loyalty intention for long-term donors as satisfaction may only influence loyalty when a

person's intention to maintain a relationship is low (Garbarino & Johnson, 1999). In addition, the effects of trust on loyalty are found to be mediated by commitment (Morgan & Hunt, 1994; Sargeant & Lee, 2004).

There are at least two possible ways to enhance the current knowledge about donor loyalty. First, despite a growing body of literature on the relationship between donor loyalty and its drivers, little is known about how a donor's beliefs change from trust to commitment (i.e. from believing in a charity's reliability and integrity to believing in that the relationship donors have with the charity is worth maximising all efforts to maintain). Fundraisers may find it difficult to cultivate donor commitment because the change in donors' beliefs from trust to commitment is huge. The literature also suggested that without a sense of connection and emotional bonds, people are unlikely to have a desire to maintain a relationship and build strong loyalty with an organisation (Fournier et al., 1998). This research gap is addressed in the current thesis by introducing the concept of intimacy in the fundraising context and by exploring its roles in transmitting the effects of trust on commitment and loyalty.

Second, the social and philanthropic psychology literature suggests that identity (i.e. moral identity, organisational identity) and its associated identity process have the potential to influence giving and vice versa (Reed et al. 2007; Reed & Forehandd, 2016; Shang, 2019). Because donors consciously or unconsciously adopt the identity as a 'donor' or a 'supporter' of a charity, how good people feel about their donor identity associated with the charity (termed as donor identity esteem) may shape the psychological process for becoming loyal to the charity (Oyserman, 2009). However, little is known about how donor identity esteem influences donors' psychological mechanism towards loyalty. This research gap is also addressed in the current thesis by exploring the possible moderating effects of donor identity esteem.

This thesis attempts to answer three research questions.

1. How does intimacy influence donor loyalty?
2. What is the psychological process of how trust and commitment affects donor loyalty?
3. How does donor identity esteem moderate the above psychological process?

1.3 Research objective and design

To answer above research questions, the following research objectives are pursued:

Objective 1: To examine the effect of intimacy (in particular closeness, connectedness and warmth as a whole) on donor loyalty along with other donor loyalty drivers (i.e. trust and commitment);

Objective 2: To explore the direct and indirect effects of trust on donor loyalty through intimacy and commitment;

Objective 3: To explore the moderating effects of donor identity esteem on the psychological pathways from trust to donor loyalty through intimacy and commitment.

To address these objectives, this PhD thesis conducts two studies. The first study (a field survey) attempts to understand donors' psychological mechanism by focusing on the mediating role of intimacy and the moderating role of donor identity esteem in the process from trust to donor loyalty through intimacy and commitment. By conducting a field survey with 384 UK charity donors, this study examines the psychological process of establishing donor loyalty and provides preliminary findings on how loyalty is built from trust depending on donors' identity esteem. Additionally, this study acknowledged that the moderating effects of donor identity esteem in the model are mostly positive except for the pathways from intimacy to commitment and loyalty.

The second study (an online experiment), conducted with 504 Amazon Mechanical Turk US participants, uses an experimental design to validate the findings from previous study claiming causality and further explores inward and outward pathways of

the relationship between intimacy and commitment as well as the moderating effects of donor identity esteem. The second study answered the question raised in the first study, which is why the moderation effects of donor identity esteem on the pathways from trust to loyalty through intimacy and commitment are not always positive.

1.4 Importance of the research

The significance of this research can be seen from three perspectives. First, this research is theoretically important because it contributes to the fundraising literature by first introducing intimacy into fundraising context and providing robust empirical evidence of the role of intimacy in influencing donor loyalty. It contributes to the nonprofit marketing literature by exploring donors' psychological processes from trust to loyalty through intimacy and commitment, especially the inward and outward pathways between intimacy and commitment. It also contributes to the social and philanthropic psychology literature by providing evidence on how donor identity esteem moderates donors' psychological pathways.

Second, this thesis is methodologically important because it offers an operational definition and measurement for intimacy in the charity context and confirms the causality of trust on donor loyalty through intimacy and commitment with successfully manipulating trust and donor identity esteem. The use of the analytic tool PROCESS Macro is also demonstrated in detail in this thesis (see Section 6.4.6 in Chapter Six) which may serve as an example of using the PROCESS Macro to personalise a conceptual model and calculate specific indirect effects.

Third, this thesis is practically important because it will inspire new ways of thinking about understanding how donors feel during their journey towards loyalty. Nonprofit marketers and fundraisers are also able to benefit from this research to tailor their donor communication to enhance long-lasting relationships with charities' supporters.

1.5 The structure of the thesis

The remainder of the thesis consists of seven chapters. Chapter Two is the literature review. Chapter Three is the overall methodology of this thesis. Chapters Four to Five are related to the methods and findings of Study 1. Chapters Six to Seven are in relation to the methods and findings of Study 2. Chapter Eight is the closing chapter. Each chapter is detailed below.

Chapter Two begins with a theoretical background relationship marketing and relationship fundraising and then explains the relationships between donor loyalty and its key drivers including trust, commitment and satisfaction. The gaps within the conceptual framework available in literature is explained. Next, it reviews the literature on intimacy and donor identity esteem and discusses their roles in influencing donor loyalty. Finally, the conceptual framework to be tested in this study is presented.

Chapter Three presents the overall methodology of this thesis. It justifies the philosophical position, research approach, research methodology, research design and process chosen for this investigation. It identifies the research methods used to collect the data and test the hypotheses. It also covers the development of questionnaires, constraints of the study and research ethics. The specific methods used for conducting Study 1 and Study 2 are discussed in Chapter Four and Chapter Six respectively.

Chapter Four presents the specific methods used in Study 1. Study 1 is a field survey that is used to examine the effects of intimacy and donor identity esteem on donor loyalty. The specific research methods are justified and described, including sampling, questionnaire, pre-test, survey distribution, and approach to data analysis.

Chapter Five presents the results obtained from Study 1. It starts with descriptive statistics to describe the samples and check the statistical assumptions. Then it moves to test the hypotheses. Finally, the results and limitations are discussed.

Chapter Six first presents the research objectives of Study 2 and reviews the relevant literature with proposing the hypotheses to be tested in this study. Study 2 involves an online survey experiment to verify the findings from Study 1 and further explores donors' psychological pathways from intimacy to commitment through inward and outward pathways. Then the research methods used in Study 2 are described. Procedures include sampling and use of MTurk samples, study materials and design, instrumentation, pre-test and pilot study, main experiment and the approach to data analysis.

Chapter Seven presents the results obtained from Study 2. It begins with descriptive statistics to describe the samples, checks the statistical assumptions and then moves to test the hypotheses. The results are presented in two steps. The first step verifies the findings from Study 1, and the second step tests the hypotheses proposed particularly for Study 2. Finally, the results and limitations are discussed.

Chapter Eight concludes this thesis. It first recalls the main findings of this research. Then it discusses the theoretical, methodological and practical contributions made by this research. Finally, the limitations are acknowledged and areas for future research are identified.

1.6 Ethical considerations

Throughout the conduct of this research, the ethical principles of McNabb (2017) were followed to ensure that this marketing research with philanthropic causes was conducted ethically, with truthfulness, thoroughness, objectivity and relevance. The procedures of this research were approved by Plymouth Business School's ethics committee.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter presents a literature review. It begins with a theoretical background of the current research - relationship marketing and its extension in fundraising context relationship fundraising. Next, the chapter discusses the relationships between donor loyalty and its three important drivers (trust, commitment and satisfaction) and presents several research gaps exposed in the present literature by explaining why intimacy and donor identity esteem need to be studied to understand donors' psychological process toward donor loyalty. Then, this chapter focuses on the concept and theories of intimacy drawing on the literature in psychology and social psychology, explores how to define intimacy in the context of fundraising and discusses its roles in influencing donor loyalty with other loyalty drivers. It then reviews the literature relating to donor identity esteem, discussing how it moderates donors' psychological processes. Finally, the research model and hypotheses are discussed.

2.2 Theoretical background

2.2.1 Relationship marketing

The concept of relationship marketing was first introduced by Berry (1983) in a service context that describes a long-term approach to marketing. He saw it as a process for 'attracting, maintaining, and – in multi-service organisations – enhancing customer relationships' (Berry, 1983, p. 25). Morgan & Hunt (1994) similarly define relationship marketing as 'all marketing activities directed towards establishing, developing and maintaining successful relational exchanges' (Morgan & Hunt, 1994). O'Malley, Patterson and Evans (1997) define relationship marketing involving 'the identification, specification, initiation, maintenance and (where appropriate) dissolution of long term relationships with key customers and other parties, through mutual exchange, fulfilment of promises and adherence to relationship norms in order to satisfy the objectives and

enhance the experience of the parties concerned' (O'Malley et al., 1997). These definitions imply a sense of the primacy of the customer and a belief in the longer term focus on customers rather than short-term gain or profits.

In addition, other scholars describe relationship marketing from the perspective of its purpose of 'enhancing marketing productivity by achieving efficiency and effectiveness' (Sheth & Parvatiyar, 1995). Moreover, scholars also argue the definition of relationship marketing from the perspective of how customers and their data will be treated. For example, Schultz (1993) notes that 'relationship marketing ... requires a two-way flow of information. This does not mean that the customer has to give you this information willingly or even knowingly' (Schultz, 1993).

Relationship marketing has its roots in the 1970s, and in particular from two streams of thought that emerged as an alternative approach to (transactional) marketing for establishing and managing customer relationships, including one emanating from Scandinavia and the other from Northern Europe. The first stream of thought was created by the Nordic School of Service Marketing in Scandinavia, which analysed management and marketing from the perspective of service (Berry & Parasuraman, 1993). The second was created by the Industrial Marketing and Purchasing (IMP) group in Northern Europe, which analysed industrial processes through a network and interaction approach (Håkansson, 1982). Both schools of thought shared similar views about relationships in the sense that they conclude that marketing should be built on a base of genuine relationships between customers and firms rather than attempts to stimulate specific transactions. Although both schools of thought approached an organisation's marketing activities from a different perspective, both groups realised the importance of the primacy of individual customer needs and that firms should handle marketing holistically rather than as a distinct business function. This key learning led to the later development of so-called 'relationship marketing'.

Relationship marketing has been suggested as a ‘new marketing paradigm’ (Grönroos, 1994; Gummesson, 1999, 2002; Kotler, 1992) and seen as a paradigm shift that has been gradually taking place in marketing practice and research over the past decades. As Grönroos (1999) notes, ‘a true transition towards a relationship strategy requires a focus on competences and resources in the relationship... The relationship itself becomes the focus of the marketing’ (pp.334).

2.2.2 A comparison of transactional and relational approaches

Relationship marketing was first delineated as a concept in the 1980s and emphasised the development and enhancement of ongoing marketing relationships. Dwyer et al. (1987) first developed a perspective on the buyer-seller relationship that shifted attention from transactional exchange to relational exchange since ‘attention to conditions that foster relational bonds lead to reliable repeat business’ (Dwyer et al., 1987). In the B2B (business to business) domain, early researchers discovered that price appeared to have a far less role in securing contracts than they assumed. Buyers preferred suppliers that they had had past dealings with, since they had certain confidence in how those firms operated and could presumably trust them to deliver. In the service context, early researchers also recognised the importance of customers’ experience from previous interactions. Overall, it seemed that the quality of supplier relationships was more important than the cost of the product or service per se, and relationship variables were introduced to explain this change (e.g. Anderson & Narus, 1990; Berry, 1983).

In the late 1980s, Dwyer et al. (1987, p.12) proposed that consumer markets might also benefit from ‘attention to conditions that foster relational bonds leading to reliable repeat business’. It was suggested that the tools and techniques of direct marketing could facilitate such relationships, but in reality they were hampered by the technology available at that time (Goldberg, 1988). It was not until the 1990s when massive

improvements in database technologies took place and barriers to access (such as price) began to be lower, making it possible for many businesses to maintain better records and begin to personalise interactions with their customers (Blattberg & Deighton, 1991; Treacy & Wiersema, 1993). New technology also made it possible to identify the most important customers on a database, calculate their lifetime value (LTV) and identify and exploit potential cross-sell or upsell opportunities (e.g. Reichheld & Sasser, 1990). In short, much of consumer marketing began to undergo a transformation away from a focus on transactions to a focus on relationships.

Since that time, marketing research has differentiated what are termed transactional and relational approaches to marketing to help practitioners understand and consider when specific approaches might be more appropriate. Generally, the transactional approach to marketing is regarded as an approach that places emphasis on the acquisition of new customers. It mainly focuses on the single sale formula, pushing sales through mass marketing and promotion of the product. It is usually based on a short period of time, with little or no emphasis on customer service. It is an approach that includes price competition, cost cutting, mass forms of promotion, and metrics such as revenue and immediate return on investment.

In contrast, a relational approach to managing the exchange between customers and organisations seeks longer-term benefits for both parties to the exchange (Dwyer et al., 1987), thus enhancing customer satisfaction and, through this, customer lifetime value for the organisation (Reinartz & Kumar, 2003). A relational exchange requires a two-way flow of information, although as Schultz (1993) notes, 'this does not mean that the customer has to give you this information willingly or even knowingly' (Schultz, 1993). Customer information is used to develop the value provided by specific products/services and to create a meaningful desire for re-purchase. Indeed, the whole emphasis of this approach is on the retention of existing customers for the long term

benefit of the organisation, rather than on attracting new customers on a daily basis. The enhanced loyalty that this approach engenders provides the organisation with a competitive advantage over its rivals (Dick & Basu, 1994). Table 2.1 summarises the differences between transactional and relational approaches.

Table 2.1 Comparison of transactional and relational approaches

	Transactional	Relational
Focus	Single sales	Customer retention
Communication	Discontinuous	Continuous
Key Measures	Immediate ROI, revenue, response rate	Lifetime value
Timescale	Short term	Long term
Orientation	Purchase	Relationship
Customer Service	Little Emphasis	Major Emphasis
Meeting customers' expectations	limited commitment	High commitment

Source: Adopted from Payne (1995) and Sargeant (2016)

Driven primarily by relationship economics (Barnes & Howlett, 1998), an organisation should adopt approaches that can be of benefit in business. In many marketing contexts (e.g. service marketing or industrial marketing), the acceptance of a relational approach is a good thing because it leads to long-term profitability (Egan, 2008). In the ideal situation, for example, the average customer will continue to purchase a product or service, and the benefit of a relational approach based on a lifetime value calculation will appear. Lifetime value refers to the income derived from that firm's lifetime association with the customer.

However, it is necessary to be clear about how and with whom these relationships are to be established, what form they should take, and how deep the relationships should or

can be. A list of drivers, provided in Table 2.2, can be used to consider whether to adopt a relational strategy or not.

Table 2.2 Drivers of a Relational Approach

Drivers promoting relational strategy	Drivers against using relational strategy
<ul style="list-style-type: none"> ▪ High acquisition costs relative to retention cost ▪ High exit barriers ▪ Competitive advantage sustainable ▪ Buoyant/expanding market ▪ High-risk/high-salience products or services ▪ High emotion involved in exchange ▪ Requirement for trust and commitment ▪ Perceived need for closeness ▪ Satisfaction beneficial to retention 	<ul style="list-style-type: none"> ▪ Acquisition/retention cost differential minimal ▪ Low exit barriers ▪ Competitive advantage unsustainable ▪ Buoyant/expanding market ▪ Low-risk/low-salience products or services ▪ Low emotion involved in exchange ▪ Requirement for trust only ▪ No perceived need for closeness ▪ Repeat behaviour strategy beneficial

Source: Adopted from Egan (2008, p.117)

2.2.3 Relationship fundraising

The idea of relationship fundraising has spread throughout the fundraising community in many countries and become one of the domain modes of thought about fundraising in recent years (Sargeant, 2016). Literally, *relationship* refers to ‘the way in which two or more people or things are connected, or the state of being connected’ (Oxford Dictionary online). When transferring the notion to a charity marketing context, it says that an individual and a charity can connect or be connected during the process of fundraising (Sargeant, 2016). *Fundraising*, defined by Association of Fundraising Professionals (AFP), is ‘the raising of assets and resources from various sources for the support of an organisation or a specific project’. In the charity context, fundraising is a process that brings together or puts into contact assets and resources from various

sources to achieve charitable, philanthropic or benevolent purposes (AFP Dictionary, 2003). Through the transfer of resources, no matter what the resources are, or whether the actual transfer has happened yet or is agreed to happen in the future, a real or notional connection can be established between one and another (MacQuillin et al., 2016). In this sense, fundraising is all about building connections or relationships. Building donor-charity relationship is inherent, even fundamental in fundraising practices.

As marketing scholars have suggested that relationship marketing can completely transform the way that business interacts with consumers, there has been considerable debate in the charity sector over whether the concept can be transferred to the fundraising context and if so, under what circumstances. This section will address these issues by introducing the concept of relationship fundraising and exploring in detail what is known about the nature of donor-charity relationships.

Since the notion of relationship fundraising was created by Ken Burnett in 1992, it has been widely used by fundraising practitioners and in fundraising research over the past 25 years. However, there is still little agreement on what relationship fundraising actually is among both academia and professionals. Table 2.3 provides a list of definitions of relationship fundraising currently employed in the fundraising literature.

Table 2.3 Definitions of Relationship Fundraising

Author	Definition
Burnett (2002)	An approach to the marketing of a cause that centres on the unique and special relationship that exists between a non-profit and each supporter. Its overriding consideration is to care for and develop that bond and to do nothing that might damage or jeopardise it. Every activity is therefore geared towards making sure donors know they are important, valued and considered, which has the effect of maximising funds per donor in the long term.

Sargeant (2001)	A highly structured, strategic, donor-centred and long-term approach to fundraising and communication.
Shabbir (2007)	A charity's relationship efforts aimed at enhancing relationship outcome of charity-donor relationships.
MacQuillin (2016)	A long-term process of sustainably maximising donated income.

Source: the author

Burnett (1992) originally coined the phrase 'relationship fundraising' to describe an approach to develop and nurture a unique relationship between a charity and each supporter rather than to simply raise money for a cause (Burnett, 2002). He recognised that fundraising is about dealing with each donor individually when considering their giving history, motivation for giving, and the overall standard of care expected from the fundraising team of the charity they support (Burnett, 2002; Sargeant, 2001). This has put pressure on fundraisers to do a better job of communicating with donors in order to make them feel important, valued, considered and informed (Burnett, 1992; Sargeant & Jay, 2004; Sargeant & Lee, 2004). This work also highlights why donor retention is vital to fundraising success and how the change in approach might impact retention rates going forward.

Sargeant further established the theoretical foundation of relationship fundraising by addressing donor retention from an empirical perspective and exploring the key indicators of whether a donor will support a given charity and what the key factors might be that drive loyalty in donor-charity relationships. For instance, Sargeant (2001) found that only 22 percent of donors lapse because of financial circumstances. Rather, lapsed donors have a significantly poorer view of the quality of service they receive than active supporters do. Regression analysis suggests a correlation between the extent to which a donor might be satisfied with the feedback received and the overall longevity of the relationship with the charity.

In 2016, MacQuillin attempted to 'refashion' relationship fundraising concept and present how fundraising practitioners understand relationship fundraising (MacQuillin, 2016). He conducted interviews with 47 senior fundraising practitioners and concluded that there were interesting differences in how relationship fundraising was conceptualised between the US and UK. For American fundraisers, relationship fundraising focused most strongly on the relationship itself, sometimes to the point of discounting the donation, at least in regard to defining the concept. On the other hand, in the British tradition, relationship fundraising was strongly associated with maximising sustainable long-term income to the point of eschewing relationship fundraising principles if they do not achieve this end. MacQuillin argues that this is possibly because relationship fundraising in the US applies mainly to major gift fundraising, while in the UK it applies equally to direct marketing fundraising and major gift (and corporate, legacy, and trust fundraising).

More recently, Sargeant (2017) extended the thought of relationship fundraising to so-called Relationship Fundraising 3.0, proposing that fundraisers should focus on donors' well-being and help donors shape how they define themselves. Sargeant argues that fundraisers should pay attention to what needs a donor-charity relationship can provide for donors. Such needs include the lower level of donors' needs such as satisfaction of a charity's fundraising services, and include the higher level of needs such as connectedness, competence, autonomy (Sargeant, 2017). This idea may break the current plight of high donor attrition rate in the charity sector because it addresses issue of deepening donor-charity relationships and transforms the concept of charity to become a donor value creator. In this sense, successful relationship fundraising will generate donor-charity relationships that are genuinely desired by both charities and their supporters.

There has been increasing interest in the notion of relationship fundraising in recent years because of the difference it has been felt to make to fundraising performance. It appears that similar to commercial marketing, in fundraising there is a higher marketing cost involved in attracting new donors than in retaining existing donors (Maltby et al., 1991; Sargeant & Jay, 2014). It costs approximately five times as much to engage with a new customer than an existing one, and takes about 18 months before donor recruitment activity can bring in a positive return on investment (Sargeant & Jay, 2014). Fundraising costs for donor acquisition are regarded as high, since recruiting new donor efforts usually costs 75 to 150 percent of what they raise. Compared to donor acquisition, donor retention is found to be much more cost-effective, resulting in returns of £5 for every £1 invested. Past research has also shown the power of enhanced donor retention, indicating that a 10 percent improvement in the level of loyalty exhibited can increase the lifetime value of a fundraising database by up to 200 percent (Sargeant & Jay, 2004). The awareness is raised that to maintain a long-term relationship with donors and to secure future income stream, fundraisers need to do as much as they can to truly understand donors, connect donors to the cause through the charity, and finally pursue a deeper, longer relationship with meeting the needs of donors (MacQuillin et al., 2016).

2.2.4 When is relationship fundraising appropriate?

During the past decade, the UK charity sector has experienced debates about whether a relationship fundraising approach is appropriate in the charity context. One issue raised relates to its theoretical origin relationship marketing. A group of relationship marketing scholars believe that, due to the anonymity of the market and the lack of interpersonal interaction, relationship marketing was initially considered unsuitable for the consumer market. Relationship marketing may be particularly problematic, because consumer-firm relationships are considered to be the result of regular contact, preferably face-to-

face contact (Rowe & Barnes, 1998), so it is unlikely to occur when the product/service is universal and the price or availability is the main issue (Palmer, 1995). In addition, relationship building is not necessarily beneficial in all cases. It can only be done meaningfully and effectively when the participants actually desire a relationship; if they do not, attempting to build one is a waste of energy and resources. Therefore, marketers should determine the conditions under which relationship marketing is conducive to achieving the specific goals of the company (Gummesson, 1995).

Another issue was raised by the case of Olive Cooke and its effect on fundraising practice since some fundraising approaches were criticised due to aggressive fundraising methods, high-pressure tactics and persistent over-asking.

In the charity context, the relationship fundraising approach is considered as a proper strategy. Rothschild (1979) thought that funder/donor relationships with charities was essentially different from the traditional customer-firm relationships. This is because customers are usually the consumers or beneficiaries of an organisation's services, while donors are neither the usual consumers or beneficiaries of a charity services, and they usually have no direct experience or participation in the provision of service. Therefore, the donors's trust in charities is crucial in donor-charity relationships (Sargeant & Lee, 2002), but it is not important in the customer-organisation relationships. In a relationship with a charity, Sargeant (2016) suggested that marketing could be "fundraising friendly ' when

- 1) the organisation provides important, variable or complex services or products;
- 2) involvement in the product category is high and there is uncertainty associated with the purchase;
- 3) products are luxury items and purchases are expressive because of their closeness to the consumer;

- 4) organisations can enhance social bonds by offering customers a sense of identification with the organisation;
- 5) there is a need for regular maintenance or repair and thus regular contact with a supplier;
- 6) customer lifetime value is substantial and where the products/services are high in involvement – as in financial services;
- 7) the product can be significantly differentiated or customised.

Many aspects of fundraising activity seem to meet these standards. Some forms of charitable giving (e.g. planned donation, legacy giving) are high involvement decisions because giving involves donors' extensive information processing to reduce perceived risk (Hibbert & Horne, 1995) and sometimes very important (for instance, a legacy gift usually has important personal meaning to its donor). Spending on 'charity' is often considered a 'luxury' consumption because most people will only donate after the needs of their family and friends are met. One can also argue that charitable giving is also an expression of "who I am". Moreover, there exist a multitude of ways in which making a donation as a fundraising product may be differentiated or customised. For example, people may be asked to give through a major gift or a donor-advised fund. Many charities now classify their donor files according to their interests and respond to the needs and preferences of individual donors.

Relationship fundraising may be more suitable in major gift domain where "both parties are desirous of a relationship and engage in enhanced social interaction as the cultivation and stewardship processes unfold" (Sargeant, 2016, p.27). For instance, Knowles and Gomes (2009) developed a model to facilitate the relationship building process between the fundraisers and major donors. Mc Loughlin (2017) reviewed the practical and academic literature in major-gift fundraisers-donor interaction, proposing

that major donors seek to maximise advantage, meaning and pleasure in the interactions of fundraising process.

However, this is not to say that in other environments the relational approach has not worked. Some forms of fundraising are low involvement and require nothing more than a 'knee-jerk' response from an individual. Examples of this include collecting cash on the street or selling lottery tickets. However, as good professional practices, fundraisers should not stop providing basic care standards to those individuals who did not and/or did not show their relationships with the charity at that time. As Waters (2008) says, "Rather than simply focusing cultivation of major gift donors, practitioners have recognised that the same principles can be applied to all donors.....these principles can result in increased donor loyalty to the organisation (pp.73-74)." This shows the importance of non-material benefits for donors (MacMillan et al., 2005) and such benefits are more likely to be social or psycho-social in nature, and can reflect all aspects of donors' self-awareness or add value to them (Sargeant, 2016). Consequently, if a charity pays equal attention to the values that they can add to the meaning of the donors' life and the values that they can do for the beneficiary, relationship fundraising can be more appropriate in developing long-term relationships with donors. As discussed above, the real question is not when relationship fundraising is or is not appropriate. Fundraisers should think about the situations listed above and determine whether this is an appropriate method in their specific situation. This thesis addresses this issue through the exploration of donors' psychological mechanism of maintaining long-term relationships with charities.

2.3 Donor loyalty and its antecedents

The relationship marketing literature offers a varied perspective on the constructs that might be deemed to describe a psychological process of forming a focal relation. A common perspective on establishing a relationship with a charity is considered

including three key drivers: trust, satisfaction, and commitment (Sargeant, 2016). I will first explain what is donor loyalty and then move to each of the loyalty drivers in the following sections.

2.3.1 Donor loyalty

Donor loyalty is defined as an individual's likelihood of supporting a charity in the future (i.e. continuing to give, upgrading donation amount, spreading positive word-of-mouth to family/friends, or even considering leaving a legacy to a charity) (Sargeant & Shang, 2017).

In the consumer context, loyalty has been approached as attitudinal (e.g., Fournier & Yao, 1997; Patterson et al., 1996), behavioural (e.g., Bass et al., 1974; Wright et al., 1998), or composite (e.g., Day, 1969; Dick & Basu, 1994; Jacoby, 1971). Attitudinal loyalty describes liking the preferences for a specific entity, and behavioural loyalty involves customers' behaviours to repurchase the same product or service in the future (Oliver, 1999). In the voluntary sector context, it is common to measure loyalty from a behaviour or a behavioural intention perspective (Sargeant & Shang, 2017; Garbarino & Johnson, 1999; Naskrent & Siebelt, 2011; Sargeant & Woodliffe, 2007). This is vitally important to charities as it shows that people have an ongoing propensity to support a charity. In the giving context, a loyal donor is not necessarily the one who makes regular donations. Many donors may not respond to particular fundraising campaigns or may skip a year or two in support. However, they support charities in various ways such as positive word-of-mouth, considering to leaving a legacy or updating the donation amount when they can afford. For charities, these donors should be seen as loyal donors because their relationships with a charity have been cultivated to be strong enough to lead to a behavioural change, although such gifts are sometimes hard to accurately predict. Hence, donor loyalty should be viewed as a general behavioural intention or

behaviour to support a charity in the future because it can capture different forms of loyal behaviours and indicate how likely a donor is to support a charity in the future.

Donor loyalty is important to research because enhanced donor loyalty can result in a reduction in the cost of replacing lapsed donors with new donors. Additionally, enhanced donor loyalty may bring opportunities for ‘cross’ and ‘upselling’ so that donors may engage in multiple ways to support the charity (Christopher et al., 1991; Sargeant & Jay, 2014). Moreover, enhanced donor loyalty may result in more positive word of mouth (Shabbir et al., 2007). Loyal donors are more likely to tell their family or friends about the organisation and advocate others to offer their support (Sargeant & Shang, 2017). Finally, enhanced donor loyalty may cultivate donors to be the right prospects for bequests (Sargeant & Shang, 2017).

Past research has shown that even a small improvement in loyalty can have a significant impact on fundraising performance (Sargeant, 2021). Increasing donor loyalty by only 10 percent has been shown to improve return of investment (ROI) by between 100 and 150 percent, depending on the nature of the development strategies employed (Sargeant & Shang, 2017). Although in reality the exact percentages are not as important as they depend on different charities’ specific situations, in light of these figures, it gives strong reasons to study the factors of donor loyalty and its underlying psychological mechanism toward donor loyalty.

Previous literature have especially focused on the question of what drives donor loyalty. Studies have been conducted to examine the antecedent factors including donor attitudes such as satisfaction (Sargeant, 2001; Bennett & Barkensjo, 2005; Sargeant & Woodliffe, 2007), trust (Barra et al., 2017; Middleton & Lee, 2020; Sargeant & Lee, 2004), commitment (Barra et al., 2017; Sargeant & Woodliffe, 2007; Sargeant & Lee, 2004), service quality (Sargeant & Woodliffe, 2007; Shabbir et al., 2007); identity related factors such as organisational identification (Martin-Santana et al. 2020), self

congruence (Zagaj et al. 2021) and self-esteem (Middleton & Lee, 2020); and also value determinants factors such as altruistic values (Boenigk et al., 2011).

Instead of manipulating the payoffs, this research follows Sargeant's (2016) review about relationship fundraising by focusing on three major drivers, trust, commitment and satisfaction as the starting point. These three factors, trust, satisfaction and commitment were identified as the strongest predictors of donor loyalty in both the commercial sector (e.g. Lariviere et al., 2014; Morgan & Hunt, 1994) and the charity sector (Sargeant, 2001; Sargeant, 2016; Sargeant & Lee, 2004; Sargeant & Woodliffe, 2007; Shabbir et al., 2007; Shang, 2017). The most recent of these studies also attempts to understand the indirect relationships (i.e. mediating effects) between these constructs and loyalty (e.g. Garbarino & Johnson, 1999; Naskrent & Siebelt, 2011; Sargeant & Woodliffe, 2007; Shang, 2017; Shang et al., 2019). In the following sections, I examine each of the three factors.

2.3.2 Trust

Trust is defined as the belief in an exchange partner's reliability and integrity (Morgan & Hunt, 1994), which is a cognitive processing determinant for most donors and charity supporters (Sargeant & Lee, 2002). In the voluntary sector, trust is seen as paramount to securing donated resources and maintaining relationships with stakeholders.

In the commercial sector, these exchange partners may be organisations (Hallen et al., 1991; Zaher & Venkatraman, 1995), brands (Fournier, 1998), and individuals related to the organisations, such as employees (Crosby et al., 1990). In the voluntary sector, the exchange partner is primarily studied as the organisation as a whole. Trusting a charity means that a donor believes that the organisation as a whole can be counted on to do the right things, use the fund appropriately, and the promised impact on beneficiaries can be delivered (Sargeant, 2001; Sargeant & Lee, 2004).

There are at least two perspectives to understand trust in donor relationships. The first perspective considers trust as a psychological state based on positive expectations of exchange partners' intentions or behaviours (Rousseau et al., 1998). Anderson and Weitz (1989), for example, describe trust as 'one party believing that its needs will be fulfilled in the future by actions taken by the other party' (Anderson & Weitz, 1989). Equally, trust might be regarded as 'an acceptance of vulnerability to another's possible, but not expected, ill will or lack of good will' (Blois, 1997, pp. 58), so it involves positive beliefs about the behaviours of the exchange partner that they interact with. The second perspective regards trust as an outcome of a set of perceptions that the trustor has of the trustee. Doney and Cannon (1997) define trust as 'perceived credibility and benevolence' in the industrial buying context (Doney & Cannon, 1997), whereas Moorman et al. (1993) see trust as a behavioural intention of willingness to rely on an exchange partner in whom one has confidence (Moorman et al., 1993). These two perspectives reflect how trust may be involved in the process of cultivating relationships with donors. On the one hand, trust is an individual's kind of internal force, a natural confidence in partner credibility and benevolence; on the other hand, trust can be shaped by external influences and future behaviours. This study adopts the conceptualisation of trust as a psychological state, separating cognitive trust from outcome intentions per se (Hosmer, 1995).

The exchange partner's reliability and integrity are associated with qualities such as consistently being competent in fulfilling their promises, honest, fair, responsible, helpful, and benevolent (Altman & Taylor, 1973; Dwyer & LaGace, 1986; Larzelere & Huston, 1980). These qualities may be defined based on an individual's belief about the exchange partners' intentions or behaviour (Rousseau et al., 1998), e.g. their intention to be consistently credible (Doney & Cannon, 1997). In the charity sector context, when a donor gives to an organisation, trust may tap into how much a donor trusts a charity to

do what is right and to use funds appropriately. These qualities may also be defined based on an individual's beliefs about the exchange partners' action to take care of one's needs (Anderson & Weitz, 1989). For example, when a donor gives to an organisation, trust may be operationalised as the degree to which a charity fulfils its promise to its beneficiaries. This fulfilment meets the donor's need because that is the reason the donor gives to the charity in the first place.

Pin-pointing the exchange partner to be a charity is important because the services provided to donors are often highly intangible (Sargeant & Lee, 2004). When intangible services are provided, donors often lack objective criteria to assess the performance of a relationship (Coleman, 1990). Donors are also not the direct consumers of their donation for some charities; the services provided to beneficiaries as a consequence of a donation are often not assessed by donors (Sargeant & Lee, 2004). Therefore, donors must rely on the feedback provided by the charity to determine what impact is achieved on the beneficiary group and honour the promises about how donors' money will be or has been used (Sargeant, 2016; Sargeant & Lee, 2004). Because it is the organisation as a whole providing services to donors and beneficiaries as well as operating charities' brand and channels, it is critical for donors to believe that the charity is reliable and credible.

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also be defined based on an individual's beliefs about the exchange partners' action to take care of her needs (Anderson & Weitz, 1989). For example, when a donor gives to an organisation, trust may be operationalised as the degree to which a charity fulfils its promise to its beneficiaries. This fulfilment meets the donor's need because that is the reason the donor gives to the charity in the first place.

Trusting an organisation is an important driver of loyalty because it reduces the uncertainty, vulnerability and risk in transactions that individuals experience with the exchange partner (Berry, 1995; Shabbir et al., 2007). In both commercial and voluntary contexts, trust is found to be one of the biggest drivers of loyalty (Anderson & Weitz, 1989; Blau, 1964; Dwyer & Oh, 1987; Sargeant & Lee, 2004). In the voluntary sector, trusting an organisation is found to positively influence giving behaviour and loyalty intention (Sargeant & Lee, 2004; Skarmeas & Shabbir, 2011; Shang et al., 2019).

2.3.3 Commitment

Morgan & Hunt (1994) defined commitment as an individual "believing that an ongoing relationship with another is so important as to warrant maximum efforts at maintaining it." (pp.23). In the commercial sector, commitment means that a customer believes that the relationship is worth working on to ensure that it endures indefinitely. In the voluntary sector, commitment captures a donor's passion to see the mission of the organisation succeed and his/her personal desire to maintain the relationship (Sargeant & Shang, 2017; Sargeant & Woodliffe, 2007). A donor committing to a charity means that he/she has an enduring desire to develop and maintain a stable relationship with the charity. The stronger that desire is, the more committed he/she is (Shang et al. 2019; Anderson & Weitz, 1992; Gundlach et al., 1995; Moorman et al., 1993; Morgan & Hunt, 1994).

Commitment may be developed by enhancing the trust, number and quality of two-way communications and the development of shared values or a donors' personal link with charity (Dwyer et al., 1987; Sargeant & Woodliffe, 2005; Shabbir et al., 2007).

In the fundraising context, Sargeant and Woodliffe (2007) demonstrated that there are two distinct forms of donor commitment, namely active commitment and passive commitment. Active commitment refers to a genuine belief in or passion for the cause. Donors recognised that they prioritised some organisations over others for their giving, and that such giving might typically be planned alongside the family finances. Passive commitment, however, refers to some individuals feeling 'it was the right thing to do' but having no real passion for either the nature of the cause or the work of the organisation (Sargeant & Woodliffe, 2007). Donor-perceived risk (defined as the extent to which a donor believes that harm will accrue to the beneficiary group if they stop giving) and poor service quality with low satisfaction lead to higher levels of passive commitment (Sargeant & Woodliffe, 2005, 2007). For the current research, I use active commitment as the term 'commitment' throughout this thesis because only active commitment is critical for long-term consumer relationships in the commercial world (e.g. Bendapudi & Berry, 1997; Liljander & Strandvik, 1993; Morgan & Hunt, 1994; Pritchard et al., 1999).

Notable here is the emergent marketing literature that considers commitment to be a relationship-enhancing state that is 'key to achieving valuable outcomes' in buyer-seller relationships (Morgan & Hunt, 1994, pp.23). Indeed, the concept has generated considerable academic interest as these outcomes have been shown to include enhanced customer retention (Anderson & Weitz, 1992; Bendapudi & Berry, 1997; Garbarino & Johnson, 1999), customer advocacy and acquiescence (Bejou & Palmer, 1998; Morgan & Hunt, 1994; Price & Arnould, 1999), and feelings of identification with and pride in an organisation (Garbarino & Johnson, 1999). In the charity context, if donors can be

facilitated to develop commitment to the organisations they support, a number of benefits with respect to their attitudes and future behaviour should accrue as a consequence (Sargeant & Woodliffe, 2005). Commitment is also found to be an important driver of donor giving intention (Burnett, 2002; Kelly, 2001; Nathan, 2009; Nudd, 1991; Sargeant & Woodliffe, 2007; Shang et al., 2019).

Commitment increases donor loyalty (giving intention) because when people feel passionate, being committed to achieving a goal, they would intend to maximise their efforts to maintain the relationship with the charity, thus supporting the charity in the future (Morgan & Hunt, 1994; Sargeant & Woodliffe, 2007).

Commitment is also critical in mediating the relationship between trust and loyalty (Achrol, 1991; Morgan & Hunt, 1994; Pitchard, Havitz, & Howard, 1999; Sargeant & Lee, 2004). This effect exists when loyalty is defined as behaviour or as behavioural intention. This is because when people trust an organisation to do the right thing (Kingshott & Pecotich, 2007) and use funds appropriately, they become more passionate about the goal the organisation is achieving and the impact their donation is making. Therefore, they become more committed to the relationship they have with the organisation and in turn more likely to purchase again (Davis-Sramek et al., 2009). Several empirical studies in the charity context have shown that the effect of trust on donors' giving behaviour or behavioural intention is an indirect effect through commitment (e.g., Sargeant et al., 2006; Sargeant & Lee, 2004; Sargeant & Woodliffe, 2007; Shang et al., 2019).

2.3.4 Satisfaction

Johnson and Fornell (1991) define customer satisfaction as a customer's overall evaluation of the performance of an offering to date (Johnson & Fornell, 1991). Similarly, Westbrook (1981) defines it as an 'emotional state that occurs in response to an evaluation of these interaction experience' (Westbrook, 1981). Customers compare

what they expected to get with what was delivered and only experience satisfaction when their expectations are either met or surpassed (Gustafsson et al., 2005). In other words, people compare what they expected to get with what was actually delivered. They only experience satisfaction when their expectations are either met or surpassed. Thus at its simplest, satisfaction can be defined as 'pleasurable fulfilment' (Oliver, 1999, pp.34). In the charity context, satisfaction describes donors' evaluation of fundraising service quality that they receive as donors. Perceived fundraising service quality involves donors' perception of the extent to which a charity is responsible for responding to and satisfying their needs (i.e. the communication meets donors' needs), provides satisfied, timely, appropriate feedback of their donation (i.e. donors are thanked and communicated with appropriately) and is effective in understanding stakeholders' perspectives (i.e. the charity understands why a donor offers support) (Sargeant, 2001).

Satisfaction may be derived from several factors, such as relationship benefits, good communication, the good quality of a product or service provided by an organisation, and other factors. However, it is more often a consequence of a comparison between people's expectations and the overall evaluation of delivered service quality (Gustafsson et al., 2005). As established above, in the charity context, donor loyalty established during the fundraising process and the perceived quality of service delivered to beneficiaries might be key issues. During the fundraising communication process, value may also be derived from the quality of storytelling and ongoing feelings of closeness accruing from continual communications from the charity (Sargeant & Hudson, 2008). O'Neil (2007) found that quality of communications was a predictor of commitment and satisfaction within donor relationships in a social service setting, suggesting that timely communications reinforced meaningful and satisfying donor relationships (O'Neil, 2007). In addition, Sargeant and Shang (2010) also found that donors perceive

satisfactory relationships as a consequence of relational communication considering an amalgam of tone, style, and informational content.

Satisfaction has been found to be a primary indicator and a critical driver of positive consumption behaviour in the commercial literature (Cronin Jr & Taylor, 1992; Hallowell, 1996). In the fundraising context, early work by Sargeant (2001) identified a positive correlation between donor satisfaction and loyalty, finding that donors who indicated that they were 'very satisfied' with the quality of service provided were twice as likely to offer a second or subsequent gift than those who identified themselves as 'merely satisfied'. More recent work by Shabbir et al. (2007), using a qualitative dimensional quality approach (DQR), also reflected that a high level of a donor satisfaction provides the donor with repeated positive reinforcement and therefore drives more loyalty to the charity (Shabbir et al., 2007). Sargeant and Woodliffe (2007) confirm this relationship, while simultaneously identifying a link between satisfaction and commitment to organisation (Sargeant & Woodliffe, 2007). Bennett and Barkensjo (2005) also provide support that there is a significant and positive relationship between perceived satisfaction with the quality of relationship marketing activities (in this case, relationship fundraising) and a donor's intention of supporting an organisation or the level of donations actually offered (Bennett & Barkensjo, 2005).

Although Shabbir et al. (2007) and O'Neil (2007) identify satisfaction as a critical reinforcement factor within relationships, Sashi (2012) argues that satisfaction is insufficient without the elements of shared trust and commitment (Sashi, 2012). Garbarino & Johnson (1999) demonstrate that in a non-profit theatre context, satisfaction only drive future purchase intention only when customers' intention to maintain a relationship is low. However, when this intention is high, it is trust and commitment driving future purchase intention. Although satisfaction has been found to directly drive donor loyalty (Bennett & Barkensjo, 2005; Sargeant, 2001; Sargeant &

Woodliffe, 2005), it may not shape loyalty in the same way that trust and commitment do. Because this thesis primarily focuses on the psychological mechanisms of developing loyalty in long-term donors, I would expect trust and commitment to be the dominant drivers. However, because I can't exclude the possibility that satisfaction may also influence these constructs, satisfaction is included as a control variable throughout my research.

Despite the evidence by research showing satisfaction as the biggest driver of loyalty, few charities actually measure (effectively) and track levels of donor satisfaction over time (Sargeant & Jay, 2004). Some major charities now do measure and track donor satisfaction, but it does not seem to appear in the organisational reporting system (Sargeant, 2016). In the UK, a benchmarking study named About-Loyalty tracked six charities (e.g. British Heart Foundation, Cats Protection etc.). The findings based on the benchmarking result in 2015 indicate that despite the literature indicated satisfaction, trust, and commitment are the key predictors of donor loyalty.

Despite an extensive number of empirical studies assessing the relationships between donor loyalty and its drivers trust, commitment and satisfaction, the understanding of donors' psychological processes is considered to be limited. One of the key questions unclear in the literature is how trust translates into commitment and in turn leads to donor loyalty. In fact, the process of trust translating to commitment captures a change in donors' beliefs (i.e. from believing in a charity's reliability and integrity to believing in that the relationship donors have with the charity is worth maximising all efforts to maintain (Morgan & Hunt, 1994; Sargeant & Woodliffe, 2007). Trusting a charity implies a belief of goodwill that the charity will do the right things, but it does not involve a willingness to further develop or maintain the relationship. Committing to a charity, on the other hand, indicates the outcome of donors' evaluating process of the relationship (i.e. the importance of maintaining the relationship). When real

commitment exists, donors have real passion about the social cause and care about the charity's work (Sargeant & Woodliffe, 2007), and such belief is strong enough to prevent the individual from pursuing other alternatives (perhaps more advantageous interest) and thus establishing current relational connections. Therefore, a natural question to ask is, how does that transition occur? Because this research focuses on long-term relationships between donors and charities, it is believed that a real relationship is desired by both charities and donors, and therefore impacts retention (MacQuillin et al., 2016). This thesis attempts to fill this research gap by offering a new construct – *intimacy* (i.e. the feelings of closeness, connectedness and warmth about a charity) to help explain donors' psychological processes from trust to commitment and then to donor loyalty.

Another research gap is the lack of knowledge in understanding how individual differences in donor identity esteem impact psychological processes when developing a long-term relationship with charities. Oyserman (2009) acknowledged that one's identity influences consumption choices which express 'who I am' and how they make sense of that choice. In the fundraising context, donors' identity and how good they think about their identity associated with a charity may influence their readiness to develop their relationships with the charity for a long term and help them make sense of that relationship (Aaker & Akutsu, 2009). Therefore, considering how good and important one feels about his/her donor identity can bring additional knowledge for relationship fundraising research to understand how loyalty is developed from donors' perspective Section 2.5 will address this issue by discussing why donor identity esteem is studied in the current thesis and how donor identity esteem plays a moderating role in donors' psychological mechanism towards loyalty.

2.4 Intimacy

2.4.1 Conceptualisation of intimacy

The origin of the word ‘intimacy’ derives from the Latin word *intimus*, which means ‘inner’ or ‘inmost’, and the word ‘intimate’ comes from the Latin word *intimare* meaning to make one’s innermost known (Partridge, 1966). Webster’s New Collegiate Dictionary (1971, 7th ed., pp. 444) describes intimacy as ‘belonging to or characterizing one’s deepest nature’. In several Romance and European languages, the root word for intimacy refers to the ‘most internal’ qualities. For example, in German, the root word of intimacy implies an awareness of the internal sphere, the most inward reality of a person (Perlman & Fehr, 1987). So the term linguistic heritage seems to imply that intimacy is a concept closely related to one’s inner self.

Since intimacy is a part of our everyday vocabularies, one would expect it to conjure up various meanings for the general population. Waring and associates (1980) asked 50 adults living in a university community the open-ended question ‘What does intimacy mean to you?’, followed by another study of structured interviews with married couples (24 couples from the general population and 24 clinical couples)(Waring et al., 1980). In a marital relationship context, three themes typically emerged from their answers. First, the sharing of private thoughts, dreams, and beliefs was mentioned by a large proportion of the respondents as an important determinant of intimacy. Second, expression of affection and commitment to the (marital) relationship, especially to sexuality, was emphasised as an important component of intimacy. Finally, having a stable personal sense of identity, knowing one’s needs, and having adequate self-esteem seem to be essential for establishing intimacy.

Research in psychology and social psychology also provides more formal definitions of intimacy which has been studied in interpersonal relationships across different dimensions. In particular, intimacy has been perceived to refer to a vast of array of

phenomena such as feelings (e.g. Sternberg, 1986), communicative process (e.g. Reis & Shaver, 1988), cognitive evaluation (e.g. Chelune et al., 1984; Tolstedt & Stokes, 1984), behaviours (e.g. McAdams, 1989), or the quality of certain needs fulfilment (e.g. Clinebell & Clinebell, 1970). In addition, these definitions also include the domains in which intimacy occurs (e.g. sexual, recreational), the nature of the relationship involved (e.g. lovers, friends) and time (e.g. intimacy in interactions and short-term relationships versus intimacy in long-term relationships) (Clinebell & Clinebell, 1970; Dahms, 1972; Davis, 1973; Schaefer & Olson, 1981; Wong, 1981). Some of these definitions are presented in Table 2.4.

Table 2.4 Definitions of intimacy

Author	Definition
Clinebell & Clinebell (1970, p.1)	Intimacy (in marriage) is the degree of mutual need- satisfaction within the relationship.
McAdams (1985, p.87)	The intimacy motive is recurrent preference or readiness for warm, close and communicative exchange with others – an interpersonal interaction perceived as an end in itself rather than a means to another end.
Dan McAdams (1989, p.46)	Intimacy is ‘the sharing of one's innermost being, or essence’(p. 46).
Rubenstein & Shaver (1982, pp.21)	Intimacy's defining features includes: openness, honesty, mutual self-disclosure; caring, warmth, protecting, helping; being devoted to each other, mutually attentive, mutually committed; surrendering control, dropping defences; becoming emotionally attached, feeling distressed when separation occurs.
Tolstedt & Stokes (1984, pp.574)	Intimacy ‘reflects feelings of closeness and emotional bonding including intensity of liking, moral support and ability to tolerate’ flaws in the significant other.
Chelune et al. (1984, pp.13)	‘a subjective appraisal based upon interactive behaviours and leads to certain relational expectations regarding the future trajectory of relationship’.

Sternberg (1986, pp. 120-121)	'the feelings in a relationship that promote closeness, bondedness, and connectedness'.
Perlman & Fehr (1987, pp.16)	'the closeness and interdependence of partners, the extent of self-disclosure, and the warmth or affection experienced [within the relationship]'.
Reis & Shavers, (1988, pp.375)	'an interpersonal process that involves communication of personal feelings and information to another person who responds warmly and sympathetically. This response validates the first person's experience, and thereby deepens the relationship and encourages returned affection and support'.

Source: Adapted from Perlman and Fehr (1987, p.17) and Prager (1997, p. 29-30).

As shown above, intimacy has been interpreted from different perspectives. It is too early, no doubt, to conclude which conceptualisation is most appropriate for this study in the fundraising context. Particularly in relationship marketing, the relationships are developed between individuals and organisations or brands rather than person to person; the nature of such relationships is different from the nature of the interpersonal relationships from which most listed intimacy definitions were developed. Therefore, in order to provide a detailed perspective on intimacy in the current research context, a review of the theoretical roots of intimacy studies will follow.

2.4.2 The origins of intimacy studies

So where did the study of intimacy begin? The earliest studies of intimacy derive from the writings of German sociologist and philosopher George Simmel (1950), which was originally published at the beginning of the twentieth century (Perlman & Fehr, 1987, p.13). Simmel (1950) emphasises that an 'intimate' characteristic of certain relationships is based on people's inclination to consider what distinguishes themselves from others in terms of the core, value, and chief matter of one's existence (Simmel, 1950). This highlights an important idea for understanding interpersonal relationships in that people in a relationship are often not in those relationships for the exchange of

benefits or entering a relationship for its own sake. Rather, they do so to share some essence and substantial component of their personality (Reis & Shaver, 1988).

Starting in the 1930s, Neo-Freudian psychiatrists Harry Stack Sullivan and Erich Fromm emphasised the need for 'chums' and 'unity'. They proposed that intimacy is one of human beings' central needs that drives people to seek closer relationships with others. According to Sullivan (1953), the need for intimacy emerges between childhood and adolescence, and at this time intimacy is most likely to occur between close friends (or 'chums'), likely in same-sex relationships. In this sense of intimacy seems to equate with friendships 'involving two people which permits validation of all components of personal worth' (Sullivan, 1953, p.246). In intimate interactions, children 'develop a real sensitivity to what matters to another person ... [and learn what they can do] to contribute to the happiness or to support the prestige and feeling of worthwhileness of the chum' (Sullivan, 1953, p. 245-246). In contrast, Fromm (1942) believes that intimacy derives from the need for 'unity' to overcome the sense of separation and to achieve a sense of agreement and belonging. According to Fromm, people establish a relationship with others for a purpose because they have a sense of identity, seeing themselves as unique persons and part of a social group (Fromm, 1942, p. 13). As long as people recognise themselves as a unique person and adjust their own behaviour in response to the other's needs, they start to establish intimate relationships.

At about the same time, psychodynamic theorists began to focus on intimacy from another perspective, namely attachment, originally based on studies of the infant-caregiver relationship. For example, the negative effects of maternal deprivation among institutionalised children were noted by Spitz (Spitz, 1945). Additionally, similar experiments with animals conducted by Harry Harlow showed the detrimental consequences of monkeys being reared by 'wire mothers'. However, it was not until the

1960s that Bowlby's attachment theory (1969, 1973, 1980) delineated the infant's need for security, which is satisfied by proximity to a reliable and responsive caregiver. He claimed that the infant's sense of security is a prerequisite for normal curiosity and sociality with peers. Together, these works seem to suggest that from an attachment perspective, intimacy in some situations may have a biological root as a 'propensity to make intimate emotional bonds to particular individuals as a basic component of human nature' (Bowlby, 1988, pp. 120-121).

More recently, attachment researchers have extended these ideas to broader interpersonal relationships such as adult relationships (e.g. Hazan & Shaver, 1987; Levitz-Jones & Orlofsky, 1985; Main et al., 1985; Ricks, 1985) and to individual-object relationships (e.g. Ball & Tasaki, 1992) such as a consumer's attachment to brands (Chaplin & John, 2005; Fedorikhin et al., 2008; Park & MacInnis, 2006; Park et al., 2010; Thomson, 2006). To achieve this extension, it is perhaps helpful to distinguish between full-intimacy relationships and limited-intimacy relationships (Chelune et al., 1984, p. 13). From this perspective, intimacy refers to a subjective appraisal that is based upon interactive behaviours, and it leads to certain relational expectations regarding the future trajectory of the relationship (ibid., p.13). For relationships with full intimacy, the most frequently studied relationships in the past century are romantic/marital relationships, courtship relationships, parent-child relationships, and friendships. On the other hand, limited-intimacy more often occurs in role-bound relationships such as doctor and patient, coworkers, and neighbours. For customer relationships, Stern (1997) argues that customer intimacy is 'limited intimacy', and it is different from full intimacy in other relationships (e.g. the romantic relationship). None of them, however, assesses intimacy in the charity context.

2.4.3 Defining intimacy in the charity context

The concept ‘intimacy’ was extended to marketing relationships in 1990s. In business-to-customer (B2C) relationship context, intimacy is used to describe a business strategy that a service provider understands its customers, with continually tailoring its products and services to fit specific needs of customers (Treacy & Wiersema, 1993). Companies adopt intimacy as a business strategy because it helps firms to bind their performance goals to how customers are served, not just revenue (Stern, 1997). However, this approach has also been criticised on the basis of social exchange that the customer intimacy approach is entailed little more than collecting customers’ information and marketing on them (O’Malley et al., 1997). The desire for closeness and loyalty are not always strongly linked. A person may prefer a high level of intimacy in one service connection while choosing a low level of closeness in another (Mende et al., 2013).

In the charity context, intimacy is acknowledged as a fertile concept. Through fundraising communication, donors may become more familiar with the charity, its cause and its work and may develop an emotional bond with a sense of ‘we-ness’ or ‘one-ness’ with the charity (MacQuillin et al., 2016). This is because donors may feel that they can’t make a difference for making the world better by themselves only without the professional work of charities; their donation is not only important for charities to maintain their work but also meaningful for donors themselves. As the relationship with a charity becomes close, the breadth and depth of the bond increases. The more interdependence grows, the stronger the emotional experience becomes for both partners (Clark & Reis, 1988). Donors focusing on a long-term relationship with charities may value this intimate relationship with the charity they support and consequently will remain loyal to the charity for a long period of time.

Based on the social psychology and marketing literature, I introduce the term ‘intimacy’ in the fundraising context to encompass donors’ feelings of closeness, connectedness,

and warmth that a donor experiences with a relationship partner (see the definition of intimacy in the interpersonal relationship context in Sternberg 1986 and Perlman & Fehr, 1987; see the use of intimacy definition in the commercial context in Yim et al. 2008 and Bügel et al., 2011). Specifically, feeling intimate with a charity indicates a donor's personalised, inner and supportive attitude toward a charity. For example, intimacy may involve donors' perceived overlap between self and the charity, a warm feeling when thinking about the charity, and a sense of bondedness between self and the charity.

Intimacy is considered as a multifaceted psychological construct that includes three core elements: closeness, warmth and connectedness. *Closeness* refers to donor perceived psychological proximity between self and charity (Chambell & Tesser, 1983; Aron et al., 2004) . In the charity context, closeness can be operationalised as donor perceived overlap between self and charity (Aron et al., 1992). The more a donor feels overlapped between self and a charity, the longer their relationship may last (Barnes, 1997; Aron & Fraley, 1999). *Warmth* is a positive and mild emotion that a donor may experience within the relationship with a charity (Aaker et al., 1986). A warm feeling provides a mental state of readiness that influences the way in which an organisation's services are evaluated (Aaker et al., 2010; Bagozzi et al., 1999), thereby impacting one's future giving behaviour. *Connectedness* refers to the degree of bondedness or attachment a donor perceives with the charity. This aspect reflects the degree to which a charity delivers to its donors on their important identity concerns, thereby expressing a significant aspect of donor selves. Social psychology suggests that all human beings are seen as having an innate need for connection that motivates them to seek and reinforce relationships (Baumeister & Leary 1995). Feeling connected with a charity may fulfil donors' need for connection (either with the charity, or with the beneficiaries through connecting to the charity), therefore may influence donors' future intentions.

Although intimacy is considered as a multifaceted construct here, it is worth noting that intimacy can be operationalised by measuring three components separately or jointly, depending on charities' specific situations. For example, intimacy may be better understood as warmth for Cats Protection (a feline welfare charity based in the UK), while it may be better understood as connectedness and closeness for Heritage Foundation (a research and educational institution working on building and promoting conservative public policies based in the US). For a hospice charity, all three components might be equally important for understanding intimacy. In the current study, because the author wants to test the validity of the intimacy construct and its role, intimacy is operationalised as the combination of the three components.

2.4.4 The direct effect of intimacy on donor loyalty

Marketing studies revealed that intimacy is a distinct construct from trust, satisfaction and commitment, which provides an additional theoretical reference to understand loyalty in the commercial world (e.g. Ponder et al., 2016; Tabrani et al., 2018; Yim et al., 2008). In the charity context, intimacy also differs from these three constructs. Intimacy differs from trust and satisfaction as it does not capture donors' beliefs of a charity's integrity and reliability, and does not involve any evaluation of a charity's performance (i.e. the charity's fundraising service quality). Intimacy also differs from commitment because it captures the evaluation how close the relationship is but does not indicate the belief of maximising efforts to maintain the relationship.

It is evidenced that in the commercial context, customer intimacy with the service providers has an important impact on loyalty when trust, satisfaction and commitment hold constant (e.g. Yim et al., 2008; Tabrani et al., 2018). Moreover, there is still a lack of research to investigating the effect of intimacy on donor loyalty. The same would appear to be true in the charity context where a number of authors have either demonstrated the importance of donor intimacy in fostering giving (List & Price, 2009)

or implicitly suggested its potential impact on donor loyalty (MacQuillin et al., 2016). The reason behind these demonstrations is that when people feel intimate with a relationship partner, they are more aware of the partner's attitudes and appear to be more willing to engage in the relationship. Therefore, they are more committed to their partner, and consequently, the relationship generally spans long time periods (Rusbult et al., 2001; Reis & Shaver, 1988). It is therefore to hypothesise that

Hypothesis 1: There is a positive direct effect of intimacy on donor loyalty alongside trust, commitment, and satisfaction.

2.4.5 The indirect effect of trust on donor loyalty through intimacy and commitment

Although past fundraising literature has explored the mediated relationships that trust has on giving behaviour through commitment (Sargeant et al. 2006; Sargeant & Lee, 2004; Sargeant & Woodliffe, 2007), few studies have addressed the role of intimacy within such a process in the charity context.

The role of intimacy has only been shown to be a mediator recently in the commercial context. For example, in two service contexts (real estate service and attorney service), Ponder et al. (2016) investigated the mediating effect of customers' intimacy perceptions on the trust-commitment relationship. The authors found that when intimacy is perceived as interactive communication and social bonds, the total indirect effect of trust on commitment was supported. In fact, the direct effect of trust on commitment was not significant. The authors explained such results by providing empirical evidence for the presence of "trust-version mechanisms" that the benefit of accrued trust is conditional on the intimacy building process. As they stated, "without intimacy, the development of trust, although beneficial, may provide limited benefit in the long term (Ponder et al., 2016, p.82)".

Tabrani et al. (2018) looked at the indirect impact of trust on customer loyalty through intimacy and commitment in Islamic banking context, where intimacy is operationalised as the feelings of closeness, connectedness and boundedness of a relationship. The authors hypothesised that this indirect effect from trust to loyalty would take place through intimacy and commitment respectively. Their results suggested that both intimacy and commitment fully mediate the effect of trust on loyalty, with the effect sizes of two indirect links extremely close. Unfortunately, such operation of treating intimacy and commitment as parallels did not look at the potential cause and effect between intimacy and commitment, which could be more efficient when dealing in the charity context.

To the best of my knowledge, there is no published empirical study focusing on donor's intimacy in the charity context. There is a research need to explore donor intimacy and its role in fundraising literature. Hence, I hypothesise the following:

Hypothesis 2 : There is a positive indirect effect of trust on donor loyalty through intimacy and then commitment.

2.5 Donor identity esteem

In the previous section, I proposed that intimacy can be an antecedent of donor loyalty. I also proposed that it may mediate the effect of trust on loyalty, similar to commitment. Because intimacy feeling, by its core, is correlated with 'one's deepest nature' (Webster's New Collegiate Dictionary, 1971), donors' psychological mechanism relating to intimacy has to be different depending on donors' nature about how they feel about themselves as charity donors. Therefore, fundraisers may ponder questions such as the following: how does donors' psychological process toward loyalty differ among donors with different opinions on their own donor identity? For what kind of donors, can the effects of such psychological processes be stronger while others may be weaker?

This thesis attempts to address these questions by examining a relatively understudied topic in fundraising research - the moderating role of donor identity esteem. Donor identity esteem is a psychological factor that has been shown to be associated with giving (Sargeant & Shang, 2012; Shang & Sargeant, 2016) and may influence the transmitting process from donors' attributes to their giving behaviour.

2.5.1 What is donor identity esteem?

People may define themselves with an object and/or by self-selecting themselves to become a member of a social category or group that can satisfy their needs of 'being self' (i.e. gender, a charity supporter, a type of sportsperson) (Hogg & Abrams, 1988; Shamir, 1992). In the charity context, a donor consciously or unconsciously has an association with one or more charities by making their donation and adopts the identity of being a 'donor' or a 'supporter' of a charity (Sargeant & Shang, 2012). Donor identity can be understood as the inclusion of one's donor membership as part of one's self-concept (Riketta, 2005). By adopting a donor identity, people can fulfil their need to belong (Baumeister & Leary, 1995) and need to feel good (Bergami & Bagozzi, 2000). For instance, a person might feel good as being an 'Oxfam supporter' or 'Greenpeace donor', or a 'responsible person' in regard to taking care of the local environment. Such an association with a charity of interest can be about donors themselves, about the charity or about how other people evaluate their donor identity (Luhtanen & Crocker, 1992; Sargeant & Shang, 2012).

In this thesis, donor identity esteem is defined as one's evaluation of how good a donor feels himself or herself as a donor (Sargeant & Shang, 2016). I focus on donors' evaluation about *themselves* as donors.¹ Donors are both the agents and the targets of

¹ Following Luhtanen and Crocker (1992), Sargeant & Shang's (2012) original definition of donor identity esteem also include other two dimensions in their definition of donor identity esteem: private donor esteem associated with the organisation (assessing personal judgements of how good one's associative organisation is) and public donor identity esteem (assessing one's perceptions of how

the evaluation. This is because defining donor identity esteem in this way serves best for understanding donors' internal psychological process dealing with their relationships with charities. Personal evaluation about a charity, or other people's evaluation about their donor identity, is external from the property of one's donor identity.

One way to assess one's donor identity esteem is through a multi-component construct with two elements: donor membership identity esteem and the importance of donor identity. **Donor membership identity esteem** assesses one's judgement of how good or worthy they are as members of their associative organisation (e.g. 'I am a worthy supporter of Oxfam'). **Importance of donor identity** assesses the importance of one's donor identity to one's self-concept (e.g. 'Being an Oxfam supporter is an important reflection of who I am'). Both elements evaluate the property of donor identity and explicitly measure the relationship between one's donor identity and the overall sense of self. High donor identity esteem means that a donor generally feels worthy of being a donor of a specific charity, and such identity as a donor is relatively important to reflect his or her self.

Donor identity esteem is important for understanding donors' psychological process toward loyalty, but only three nonprofit marketing studies have examined donor identity esteem (Boenigk & Helmig, 2013; Sargeant & Shang, 2012; Shang & Sargeant, 2016). Boenigk and Helmig (2013) investigated the effects of donors' organisational identification and identity salience on the relationships among satisfaction, loyalty and donation behaviour. Through two large-scale quantitative surveys with blood donors and money donors, the authors found that both donor identification (defined as one's perceptions of belonging to a group, see Ashforth et al., 2008) and donor identity salience (defined as the relative importance of giving identity, see Hoelter, 1983) have

positively other people evaluate one's donor identity). This thesis borrows part of the definition which only focuses on donors' evaluation about themselves as a donor.

direct positive effects on loyalty but not that much on donations. Both identification constructs have stronger total effects on donor loyalty. They also indicated that satisfaction should be an antecedent of donor identification.

Considering how fundraising activities make donors feel, Sargeant and Shang (2010) studied the relationship between premium benefit level and donor identity esteem in the radio station fundraising context. They found that stations' premium benefit level is positively correlated with the importance of donor identity but negatively correlated with one's personal judgement of how good one's associative organisation is.

Later, Shang and Sargeant (2016) further studied the relationship between donors' perceived social norms and donor identity esteem in the same context and found that perceiving others giving at a relatively high level is negatively associated with donors' identity membership esteem.

However, none of the above studies researched how donor identity esteem influences donors' underlying process toward loyalty. The current work extends prior research in nonprofit marketing and investigates the moderating role of donor identity esteem.

2.5.2 The moderating effects of donor identity esteem

I propose that donor identity esteem will play a moderating role in donors' psychological process towards loyalty because donor identity esteem reflects one's self-definitional needs, and it acts on readiness of how donors make sense of their relationships with charities and future actions. Donors vary in how they feel about themselves as a donor associated with a specific charity (Sargeant & Woodliffe, 2005) thus, it is possible to impact their underlying psychological mechanism. Specifically, donors high in donor identity esteem are believed to place greater shared value with the charity (Sargeant & Woodliffe, 2007). Shared value refers to the extent to which a person has the beliefs in common with an organisation (Morgan & Hunt, 1994) and it has been found to positively influence both donors' trust and commitment (Sargeant &

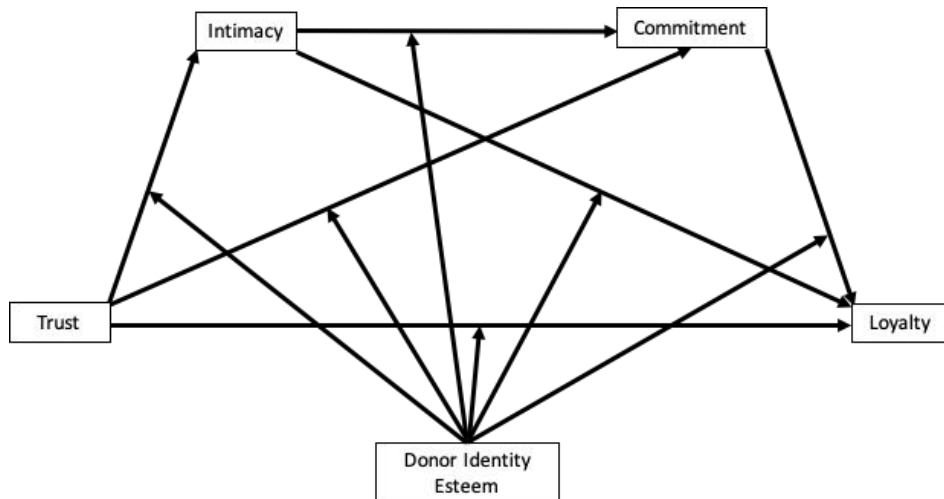
Woodliffe, 2007). In the commercial context, customers with shared value are likely to feel close to the relationship partner due to shared information and mutual understanding and beliefs (Brock & Zhou, 2012; Tabrani et al., 2018). Therefore, they have higher readiness to connect themselves to the relationship partner and to engage in identity relevant cognitive procedures, according to identity-based motivation theory (Oyserman, 2009; Shang, 2019). Similar effects are expected in the charity context. However, there is no evidence to show exactly how donor identity esteem may influence the direct or indirect effects in donors' psychological mechanism. As an exploratory study, I will investigate how donor identity esteem functions in donor loyalty. Thus, I propose

Hypothesis 3: The direct and indirect effects of trust on loyalty through intimacy and commitment are moderated by donor identity esteem.

2.6 The conceptual framework

To summarise, previous research in marketing and fundraising has shown that trust and commitment drive donor loyalty when considering that donors actively desire a long-term relationship with a charity. With critically evaluating the marketing and psychology literature, this chapter proposed that intimacy may be an additional factor that may directly influence donor loyalty (H1) and may mediate the effects of trust on commitment and on donor loyalty (H2). Because donors vary in their evaluation of the worthiness and importance of donor identity to their self-concepts, the direct and indirect effects of trust, intimacy and commitment on donor loyalty may be moderated by donor identity esteem (H3). Thus, a theoretical model of this research is presented in Figure 2.1. Specific research hypotheses drawn from the model will offer direction to the next chapter of research methodology.

Figure 2.1 The conceptual framework of the thesis



2.7 Chapter summary

This chapter has evaluated the knowledge gained from previous research. This chapter first reviewed the theoretical background of the current research—relationship marketing and relationship fundraising—discussing how relationship fundraising plays a role in developing long-term donor-charity relationships. It then reviewed the literature relating to donor loyalty and its three drivers. Particularly, the following issues were identified after reviewing the relevant literature: i) There is very little research addressing how one’s beliefs change from trust to commitment (i.e. from believing in a charity’s reliability and integrity to believing in that the relationship donors have with the charity is worth maximising all efforts to maintain). ii) Little is known about how individual differences affect donors’ psychological mechanism towards loyalty. To address these research gaps, it then moved to the concept and theories of intimacy drawing on the literature in psychology and social psychology, defined intimacy in the charity context and explained how it may influence donor loyalty directly and mediate the effect of trust on commitment and loyalty. Finally, this chapter reviewed the literature on donor identity esteem to understand its moderating role. Chapter 3 will discuss the justification of the research philosophy, approach and methodology employed within this research.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter presents the research philosophy, approach and methodology employed in the research project. It begins with the philosophical position and paradigm of inquiry, and then moves to the research approach and methodology adopted in this study.

Guided by the above, it then demonstrates the methods employed for the investigation, and the use of research methods (field survey and online experiment) also reflects the author's philosophical position adopted in this study (Creswell, 2009). This chapter then maps the research design and process for the entire project based on research questions and objectives. In accordance with the procedures outlined in the research design, the issues relating to questionnaire development, data analysis, constraints of the study, and research ethics are discussed.

3.2 Justification of philosophical position

A paradigm of inquiry is defined as the basic beliefs of individuals when using methodological approaches in the development of distinct research programmes within the social sciences (Guba & Lincoln, 1994; Howell, 2013). These basic beliefs play an important role in the research process of any research study as they tell the researchers what falls within and outside legitimate inquiry and how it may be known (Guba & Lincoln, 1994).

Howell (2013) encourages marketing researchers to answer three fundamental questions to determine a paradigm of inquiry involving ontology, epistemology and methodology.

Ontology concerns the form of reality or being (e.g. donor attitude, donor loyalty intention), answering 'What can be known about reality?'. **Epistemology** distinguishes the relationship between the researcher and reality, answering 'What is the relationship between the knower or would-be knower and what can be known?'. **Methodology** addresses the issues regarding the rigour required when developing or testing

knowledge, answering ‘How does the investigator go about finding out what he/she believes can be discovered?’ (Howell, 2013). Generally, ontology and epistemology are identified before utilising an appropriate methodology. How we understand the reality (ontology) identifies our perceptions of the relationship between self and the investigated (epistemology), which in turn provides a strategic assessment of the methodology and methods best suited for the research purpose.

This research adopts a post-positivist paradigm of inquiry. Post-positivism takes objectivity as relative and tries to understand the biases that exist in previous studies (Panhwar et al., 2017). Unlike positivism stands challenging the finding of absolute truth (Guba & Lincole, 1994), post-positivist studies the problem by reflecting a need to examine causes that affect results (i.e. a need to examine how intimacy and donor identity esteem affect donor loyalty). Post-positivists test variables that form hypotheses and research questions by adopting the methods best suited to them (Panhwar et al., 2017), unlike positivism has a forced choice between qualitative or quantitative research methods. Post-positivists are critical realists, because they believe that it is not possible for human beings to perceive perfection of natural causes with our imperfect intellectual powers/sense. I believe my current research is a value-laden research because the goal of the research is to hold steady to the goal of getting fundraising knowledge rights about reality. The goal of this nonprofit marketing research is to discover the truth with the goal of helping fundraisers to enhance donor loyalty and do things effectively.

This research’s ontology is critical realism, which proposes that reality may only be understood imperfectly and probabilistically within the human’s full understanding (Howell, 2013). This study considers the impact of donors’ attributes (i.e. trust, intimacy, commitment, and donor identity esteem) on donor loyalty. The reality is seen to be independent of the researcher and therefore can be observed and measured through the measurement constructs. However, it is still believed that the reality cannot be fully

understood in terms of donors' perceptions, attitudes and views on their future intention and behaviour or in a way that other researchers may approach the research based on existing facts in the same or a different context. Although the current research is established based on the literature, there is a lack of understanding about the phenomenon of the relationships between donor intimacy, donor identity esteem and donor loyalty.

For epistemology, it is believed that the researcher and what is being researched are not completely separated; the knowledge is developed based on pre-existing knowledge acquired by reviewing the literature. However, objectivity can still be pursued by the valid measurements of the studied variables. The findings are believed to enable validation in different contexts to understand the reality more precisely.

Methodology is the strategy and procedure to test variables and research questions by adopting the methods best suited to them (Khumwong, 2004). Many methodologies can be implemented using a combination of several different research methods. A field survey is the method used to examine the cause of donor loyalty (i.e., intimacy & donor identity esteem). Based on the findings of the field survey study, the method was adjusted to answer the questions raised in the field survey and then an online experimental method is applied.

A summary of the philosophical position taken in this study is presented in Table 3.1.

Table 3.1 Summary of the philosophical position taken in this study

	Position taken in this research
Ontology	This research critically examines a relatively less explored phenomenon: the psychological processes through which trust may transition into donor loyalty through intimacy and commitment, and how the processes are influenced by the donor identity esteem. The literature about this phenomenon has not developed in relation to donor loyalty, thus it does not provide a full knowledge about the mechanism of how those donor attributes influence donor loyalty.
Epistemology	This research further develops existing knowledge of the donor attributes and loyalty in the donor-charity relationship context.

	For this study, these phenomena are observable and measurable by using different measurements developed and validated by researchers, which can be validly regarded as knowledge. Therefore, this research intends to be objective and independent to the subjects.
Methodology	Field survey and experimental survey are used orderly to explore and validate findings about the role of intimacy in the donor-charity relationship context. By applying these two steps, theory-based hypotheses can be tested with real donor samples, and the results can then be validated in experimental conditions with less confounding.

Source: the author

3.4 Research Approach

The development of a research project involves the use of theory and the reasoning of how a research should be designed. As Saunders et al. (2015), the research approach can assist the researcher in making a decision regarding suitable research methods.

According to Saunders et al. (2015), there are three main approaches of theory development in social science: deductive, inductive and abductive approaches. Briefly, a deductive approach is an approach for testing theories (verification or falsification) and it is often used when the researcher starts from theory, develops ideas from her reading of academic literature, and wishes to design her own study to test the theory or hypotheses. Conversely, an inductive approach is often used to generate or build a theory, especially for those researchers who start their ideas by collecting data to explore a phenomenon. An abductive approach is a kind of mixture of inductive and deductive approaches. It is typically used when the researcher collects data to explore a phenomenon or to generate a new theory or modify an existing theory, which is subsequently tested through additional data collection (Saunders et al., 2015).

For the current research, a deductive approach is applicable and the rationale for utilisation is presented below. First, the choice of research approach is based on the philosophical position and paradigm of inquiry at which the author stands. The philosophical paradigm identified for this study is post-positivism, which intends to

examine theories by multiple scientific studies and experiments; therefore, it leads to the choice of a deductive approach. Second, as Creswell (2009) suggests, an important criterion in deciding on a research approach is the nature of the research topic. When rich and solid literature is available for a certain topic, the researcher can build on the existing literature and develop theory-based hypotheses; thus, it leads the researcher to adopt a deductive approach over an inductive or abductive approach. As a result, the theoretical contribution to the literature can be achieved. Third and importantly, in addition to its theoretical contribution, a deductive approach possesses several characteristics that can guide the researcher to provide significantly practical contributions to the charity sector. An important characteristic of deduction is that, there is a search to determine the causal relationships (Saunders et al., 2015) which allows the researcher to explain for example ‘how’ trust influences intimacy and loyalty. To test these propositions, the author needs to specify precisely the conditions under which the hypothesised relationships are likely to hold; therefore, this would lead to the methods which can collect appropriate data reflecting these conditions. Overall, such law-like relationships are expected to be stable and effective for fundraisers to apply in their day-to-day job. This means the study should use a highly structured methodology to facilitate replication and ensure reliability.

Another important characteristic of deduction is that the concepts are able to operationalise in a way that researchers and fundraising practitioners can measure them, and quantify to what extent the proposed model can reflect the truth, often quantitatively. This is because the psychological reasons for supporting a charity are hard to observe; many donors give, but few of them state why. Fundraisers are still seeking to know more about their donors to make appropriate requests, thanks, or to provide services to maintain and grow their relationships. In this study, for instance, one variable that needs to be measured is intimacy and intimacy must be strictly defined: intimacy is donors’

composite feelings of closeness, connectedness and warmth toward a charity. A deductive quantitative approach is more suitable in the current study as the problem can be better understood if these concepts are reduced to the simplest possible elements (Saunders et al., 2015). Of course, the measurements could have been generated from a qualitative approach or from the literature, and they should be carefully selected and tested for reliability.

The final characteristic of the deductive approach is generalisation, which can help the researcher identify the right sample with which to conduct research and interpret results. Considering the current study, focusing on intimacy implies that the investigated donor relationship may not be a relationship that happens with individuals who make a random donation to a random charity; rather, the investigated sample should be those donors who have already established a basic understanding with a charity and acknowledge themselves as a supporter. This is also critical for fundraisers to inform practices with the right target audience.

3.5 Research methodology

Methodology is defined as the strategy and procedure behind the choice and use of particular methods to obtain the desired outcomes (Crotty, 1998). Many methodologies can be implemented using a combination of different research methods (Creswell et al., 2018). The present research employed survey and experimental methodologies to explore donors' psychological mechanisms. Survey is a positivistic method that investigates the trends, attitudes, or opinions of a population by studying a sample of that population (Collis & Hussey, 2009). This type of methodology allows the researcher to draw implications from the sample studies and generalise them to the targeted population (Creswell, 2014). Experiment is a method to investigate the relationship between variables, where an independent variable is deliberately manipulated to observe the effect on a dependent variable (Collis & Hussey, 2009). In

accordance with the post-positivist approach adopted in this study, combining survey and experiment methodology is an objective, free of bias and impersonal set of methods. Surveys have the advantage of avoiding the criticism that lab experiments are to an extent unrealistic, either because participants are unrepresentative or because behavior in an experiment is not typical of that in real life (McGrath,1982). The experimental approach has the advantage of maximising precision in the measurement of behaviour, but with the trade-off of low generalisability and low realism of context (McGrath,1982). The joint use of both survey and experimental methodology in human behaviour research can be seen as a joint test of robustness (Fehr et al., 2003). These joint methods have been used in behavioral research (e.g., Brown et al., 2005; Gächter et al., 2004). If there are consistent patterns in both types of data, it is believed to have greater confidence in both internal and external validity.

The methodology also suggests that this study is a cross-sectional study. A cross-sectional study involves the collection of survey data over the same period of time (Collis & Hussey, 2009). The advantage of a cross-sectional study is that it provides the opportunity to assess the relationships between variables and test causal or correlational hypotheses in a number of ways. It can be used not only to test hypotheses with mediators of causal relations through path analytic techniques (Baron & Kenny, 1986) but also to identify the moderators of relations between variables for understanding ‘when’ the causal processes work better (Visser et al., 2000). In this case, the analysis of cross-sectional surveys should rest on strong theoretical assumptions about causal relationships among variables, although these assumptions can be tested and revised as necessary. Additionally, considering data accessibility, cross-sectional studies are often conducted when the researcher is under time constraints or limited resources (Visser, et al., 2000).

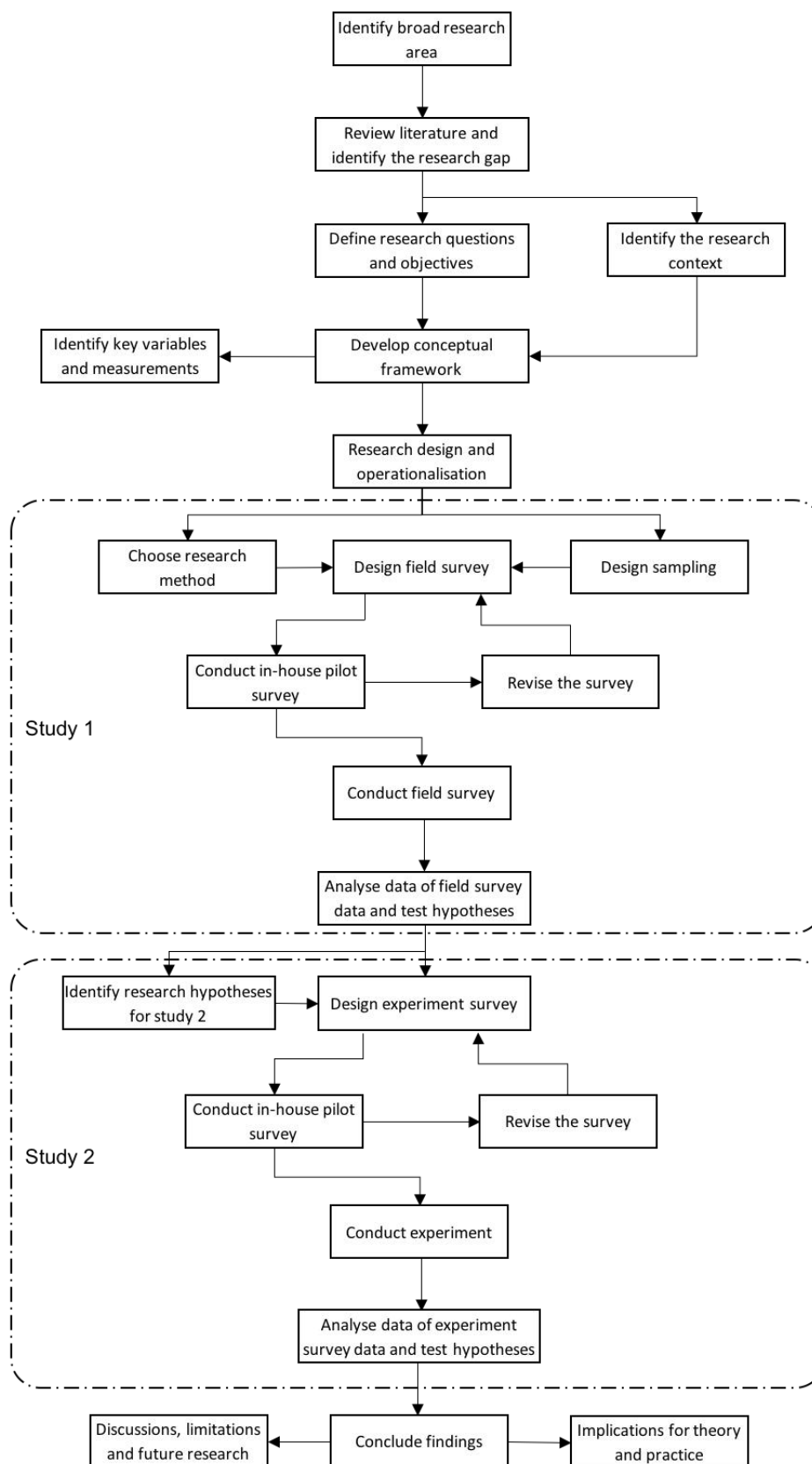
3.6 Research design

Research involves a sequence of highly interrelated activities (Cooper & Schindler, 2013; Zikmund et al., 2012). Saunders et al. (2015) assert the importance of having a clear research design that details a general plan of how the researcher will go about answering the research questions. Table 3.2 demonstrates how the research aims and issues are translated into research phases and shows the most appropriate research strategy given the specific research issues. The justification of the method of each study will be presented in the following chapters. Figure 3.1 presents the overall research process for the current study.

Table 3.2 Matching research aims and objectives with research strategy

	Phase One	Phase Two
Research Aims	To examine the role of intimacy and donor identity esteem in understanding donor loyalty	To validate the findings from Study 1; and to explore possible mechanisms within the hypothesised framework
Research Strategy	Survey Sample: UK donors	Lab experiment Sample: US general public

Figure 3.1 The research process and design



3.6 Methods employed for data collection

This research employs two methods for data collection: the survey method and the experiment method. Haslam & McGarty (2014) describe survey method as it is used to ‘obtain information about a number of different variables in which the researcher is interested and identify the relationship between those variables’ (p.53). It is popular in fundraising research and charities’ donor communication because it enables the collection of a large amount of data from a sizable donor population within a relatively short period in a highly economical way (Saunders et al., 2015). It also allows donors to express their opinion at their convenience without additional pressure from fundraisers or researchers.

In the charity sector, the response to online surveys may suffer from a poor response rate (according to the author’s experience in surveying UK charities, the average response rate of online donor surveys ranges from 3% to 6%) and potentially biased responses (for example, one person takes the survey more than once, unexpected robot response, etc.). Overcoming potential biased or incomplete responses sometimes creates technical difficulties for respondents – for example, force-responded questions may slow down the speed of taking the survey and may cause donors’ unpleasant feelings, which may harm their relationship with the charities. Therefore, there is a real need to carefully plan and design an online questionnaire to ensure its accessibility, making sure the questionnaire is understandable by respondents with different education backgrounds, literacy, computer hardware/software and internet access and being able to complete it smoothly.

Thus, the researcher carefully designed and tested the survey before the final distribution. Following the suggestions of the methodological literature (Haslam & McGarty, 2014; Sarantakos, 2012; Poynter, 2012), the following actions were taken by

the author to ensure data collection was of high quality. The actions included the following:

- providing a clear covering letter to introduce the research topic, to motivate participation and to assure respondents' confidentiality;
- using clear and simple words in the questionnaire and avoiding vague words and academic jargon;
- asking questions that will only be used in the final analysis to keep the survey as simple and short as possible;
- reducing the occurrence of two very similar items in the identity scale and avoiding asking two things in the same question to make the measurement simpler and shorter without compromising the reliability;
- set up all questions with forced-response and response type (e.g., age can only be answered as number range from 18-120) to prevent invalid or missing data;
- setting up the survey so that it can only be taken once by a respondent to prevent biased data;
- Set the font size to 120% of the normal size to ensure that the questionnaire content can be read clearly and easily by respondents of any age;
- providing a progress bar with a percentage to make the questionnaire more transparent to respondents;
- providing the option of 'prefer not to say' in sensitive demographic questions to minimise respondents' privacy concerns;
- and sending one follow-up reminder to those who did not complete the survey to encourage responses.

The experimental method is used to systematically manipulate theoretically relevant variables and to examine the effect of these manipulations on outcome variables (Haslam & McGarty, 2014, p.43). A primary advantage of experimental research is that

it allows the researcher to test causal relationships (Haslam & McGarty, 2014; Saunders et al., 2015).

Experiments usually involve a certain level of intervention on the part of the experimenters because they attempt to make some changes to the world and then monitor the impact of those changes (Haslam & McGarty, 2014). These changes can be made by randomly assigning participants to different experimental conditions (Haslam & McGarty, 2014; Saunders et al. 2015). For example, in the real world, donors may vary in their level of trust toward a charity, and if the researcher wants to determine how their trust level influences their giving amount, the researcher may seek real donors with high and low trust levels to participate. However, it is very difficult to identify those who have high trust and those who have low trust in a charity. Instead, the researcher could intervene by creating a scenario to change participants' situation (e.g., by telling them a story of high or low trust about a charity) and see whether this intervention has any effect.

In the current research, the researcher uses the online lab experiment method because I realise that the field experimental strategy isn't feasible for answering the current research question. I cannot, for ethical reasons, assign a donor to experience low level trust to a charity that he/she supports. By doing so, it is likely to harm their donor-charity relationship. To conduct experiments without hurting donors' feelings and charities' reputations, it is reasonable to conduct such online experiments by creating a scenario leading to the natural experiences of respondents in a fictional environment. Amazon Mechanical Turk (MTurk, <https://www.mturk.com> 'a marketplace for work that requires human intelligence') is therefore chosen to conduct experiments. The use of MTurk will be discussed in detail in Section 6.6.1. To summarise, the use of the online lab experiment via MTurk is presented in Table 3.3.

Table 3.3 Advantages, disadvantages and solutions of online experiment

Advantages
<ul style="list-style-type: none"> • Reduced cost for preparing materials, equipment and administration especially for large sample population makes online experiments cost-effectively; for the current study workers on MTurk were paid \$0.70 for participation, while if it was run in the laboratory, participants would be paid approx. \$5.5 (equal to £ 4), according to the payment rate of Plymouth Charity Lab. • Experimental design is repeatable so the results can be checked and verified; • Procedure is clear and easy for participants to visit the study link and prevent the access of non-targeted population; • There is no direct interaction between the researcher and participants; therefore, it avoids researchers' bias and a large source of potential experimental effects (i.e. selection effects) which are the threats to internal validity of an experiment; • It is easy and effective to manage the data collection, participants recruitment and payment by using Qualtrics and MTurk.
Disadvantages and actions taken by the researcher to overcome the disadvantages
<ul style="list-style-type: none"> • Experimental research can create artificial situations that do not always represent real-life situations. This may affect the external validity of an experiment. However, in the current study with between-subject experiment design, randomisation of assigning participants to different experimental conditions, in combination with a large sample, will detect the effect and the results can be highly generalisable; • Possible multiple submission can be avoided or controlled by collecting personal identification information (such as IP address longitude and latitude), by checking date and time consistency of answers, by using the 'prevent ballot box stuffing' function in Qualtrics; • Dropout was reduced because of financial incentives. However, this could be a detection device for motivational confounding; • Little interaction between the researcher and participants may be a problem if the instructions are misunderstood. Several pilot studies were conducted to ensure the survey was clearly presented with creating little confusion. • External validity of online experiment may be limited by participant's dependence on computers and internet access.

Source: Author's work (based on Birnbaum, 2000)

As mentioned earlier, one of the greatest difficulties for conducting an experiment is to obtain a representative sample for research. According to Haslam and McGarty (2014),

to generalise, the experimenter must ensure that the participants recruited in the experiment are representative of the general population. In the current study, the researcher needs to ensure that the respondents' attitudes of measured variables should represent the public population.

An experiment should have both internal validity and external validity. Internal validity refers to the extent to which the effect of an independent variable on a dependent variable has been correctly interpreted (Haslam & McGarty, 2014). External validity refers to the extent to which a research finding can be generalised to other situations, people, settings and measures (Bracht & Glass, 1968; Haslam & McGarty, 2014). An experiment's internal validity can often be questioned when experimenters do not manipulate that which they ought to manipulate; either the manipulation does not work, or it manipulates something else.

The current research using the samples of both UK donors and the US general population aims to produce generalisable knowledge about donors' psychological mechanisms. Using two samples and different charity sectors (child health care vs. family welfare protection) can help increase external validity (Brach & Glass, 1968). In the field survey of UK donors and the online experiment of the US general population, similar patterns were observed. Thus, the studied relationships between donor loyalty and its drivers can be generalised.

3.7 The development of questionnaires

The development of questionnaires follows the procedure suggested by Saunders et al. (2015) and Haslam and McGarty (2014). Two questionnaires were developed for the current research, one for the field survey and one for the online lab experiment. The full content of the two questionnaires is presented in Appendices 3 and 4.

The development of questionnaires should be based on clear definitions of constructs, ensuring that the most appropriate measurements can be selected (if they exist) to

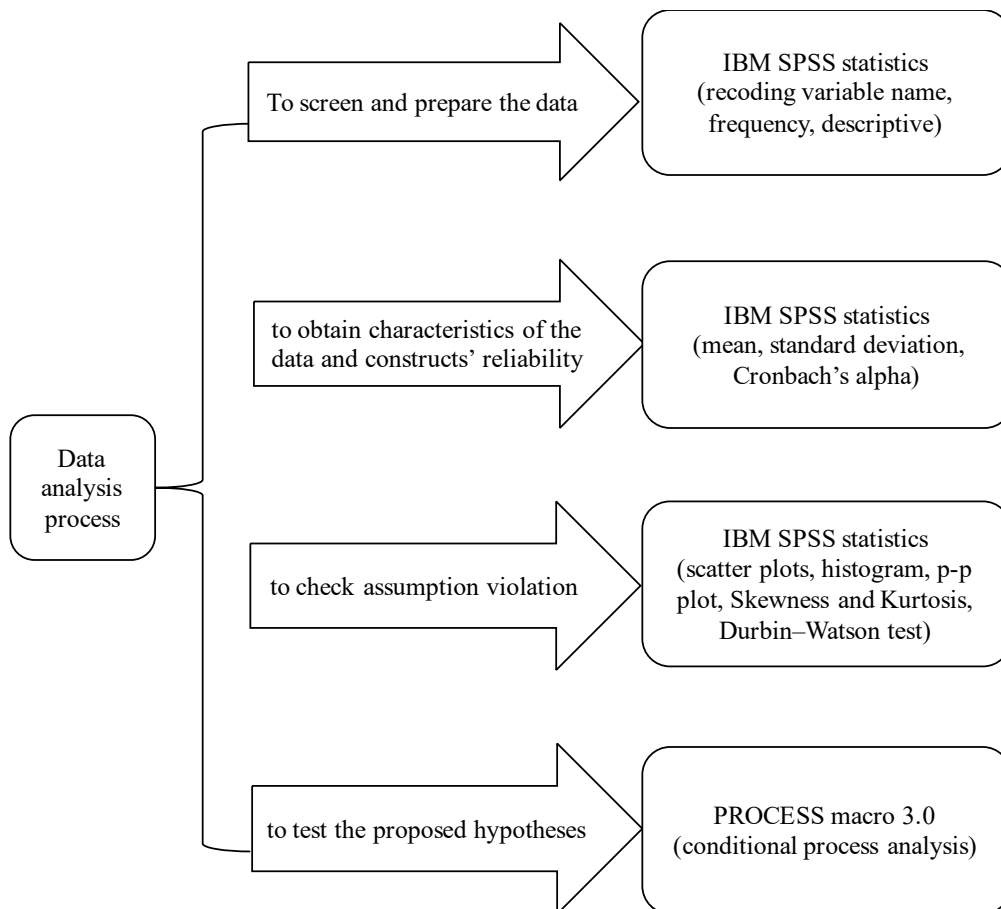
accurately explain the constructs and be suitable in the fundraising context. Except for the established measurements, as intimacy was first measured in the fundraising context, the researcher carefully examined the literature, selected the relevant scales and adapted them into the fundraising context. The scales were selected from the Handbook of Marketing Scale (V5-V8) (2002-2016) and ABS 4* journals in psychology literature. After examining the scales, a panel discussion meeting including two professors in marketing and psychology and the researcher was held to finalise the measured items. Moreover, because donor surveys often serve as a communication tool for charities, it is important to keep the questionnaires ‘donor friendly’, short and simple. The author attempts to use the minimum number of statements as well as ensure construct reliability. The order of measurements was carefully considered to ensure that internal validity was not affected by order effects (Haslam & McGarty, 2014).

Questionnaires were built and administered on web-based survey software, namely, Qualtrics. Qualtrics is widely used in academic research around the world for collecting qualitative and quantitative data. The licence of Qualtrics was supported by the faculty. Qualtrics can satisfactorily meet the researcher’s needs for the current study because it allows the researcher to build surveys, freely customising many functions (e.g., colours; fonts; logics; randomisation, pre-code, and the order and flow of questions). It also provides free and live technical support during the period of the research. Data collected by Qualtrics can be easily downloaded into SPSS files (.sav) for analysis.

3.8 Approaches to data analysis

Following the data collection, the next stage was to determine the approaches of data processing and data analysis. Figure 3.2 outlines the process of the data analysis with the indication of specific data analysis methods and purpose for each procedure.

Figure 3.2 Process of data analysis



After examining several statistical tools (SPSS, STATA, AMOS, and PROCESS macro version 2.16 and version 3.0), SPSS (Statistics Package for the Social Sciences) was chosen to approach the data analysis due to its popularity in social science research and its powerful function in analysing statistics and managing data (Zikmund et al. 2012). PROCESS macro 3.0, a package for SPSS, was chosen to test the hypotheses proposed in Chapter 4. PROCESS is a computational tool for moderation and mediation analysis as well as their integration as conditional process (Hayes, 2018). Process analysis involves testing simple and serial mediation effects. Regarding ‘conditional’, this involves testing moderation effects. At this stage of analysis, the researcher assessed and quantified the conditional direct and indirect effects.

3.8.1 Data screening

Before the initiation of any analysis, a data-screening step was necessary because it allowed the researcher to identify potential issues with the data and resolve them. This step was to ensure that no issues would affect the subsequent statistical analysis. It involves recoding variable names, conducting frequency and descriptive analysis, and dealing with ‘prefer not to say’ responses.

First, the variable names were recoded to identify each of them easily. For example, Q3_1 was recoded as Q3_1_S1, which means that this variable is the first item in the satisfaction scale. Next, all the constructs were computed and calculated as the mean of all the measured items.

Then, a frequency and descriptive analysis was conducted to check for missing data and possible errors in the SPSS data file. The responses were only recorded if the respondents fully completed the questionnaires. Any incomplete responses were temporarily recorded as partial responses and were deleted after the data collection finished. Additionally, Qualtrics was programmed in such a way that all the questions required responses so that the respondents could not skip any of the questions. Therefore, due to the survey design and force response setting, the data should avoid missing data. The frequency check confirmed that there were no missing data or odd data for any of the questions.

During the frequency analysis, the researcher also considered how to deal with the responses with the ‘prefer not to say’ option selected in the demographic questions. To address the ethical concerns discussed in Section 5.9, ‘prefer not to say’ options were provided in most demographic questions for respecting respondents’ rights in online surveys. Joinson and Paine (2007) describe the use of ‘prefer not to say’ to sensitive questions as increasing satisficing in attitude surveys, although they also found that providing this option primed participants for privacy (by asking them about their

privacy concerns and behaviours). Considering the nature of donor surveys, adding a 'prefer not to say' option could prevent potential complaints about privacy concerns and the associated negative impact on giving and donor relationships. In terms of analysis, I retained the responses with 'prefer not to say' selected in relationship status and education questions, but with the exception of the gender question. It was selectively coded as 0 in married (means nonmarried), college degree and postgraduate degree (means below college or postgraduate degree). Four responses with the 'prefer not to say' option selected in the gender question were removed, as it was not interpretable to allocate them to any gender groups.

3.8.2 Descriptive analysis and reliability test

The next step was to provide an overview of the constructs and ensure the constructs' reliability. According to Zikmund et al. (2012), a descriptive analysis allows the researcher to describe the basic characteristics of the sample. In this stage, the mean, standard deviation, and Cronbach's alpha were assessed. Means and standard deviation (SDs) were used to illuminate the characteristics of the data (Field, 2009).

Nunnally (1967) defines reliability as 'the extent to which [measurements] are repeatable and that any random influence which tends to make measurements different from occasion to occasion is a source of measurement error' (p.206). Construct reliability assesses the internal consistency of the measures of constructs used in the survey. Internal consistency refers to the degree of interrelatedness among the items (Crano & Brewer, 1973; Green et al., 1977). Cronbach's alpha measures the internal consistency among the items of a scale and is considered the most common measure of scale reliability, especially for Likert-type scales (Cortina, 1993; Gliem & Gliem, 2003). In the current study, given that the scales were adapted from established scales, the Cronbach's alpha test was used to confirm the scale reliability in the context of the donor-charity relationship. It is suggested that reliability above .70 is acceptable for

social science, and .80 is good. A large alpha score indicates that the test correlates well with the scores (Churchill, 1979). The use of conditional process analysis (with the nature of multiple regression) requires that the single construct used in the path analysis should pass the reliability test to ensure the reliability of the measured latent construct.

3.8.3 Assumption check

Depending on the data analysis planned, the researcher needs to take certain approaches to ensure that the assumptions of the conditional process analysis using PROCESS are met. In this case, the nature of conditional process analysis is OLS regression, which is a widely used technique for studying the relationships between two or more variables – particularly used to derive an equation that relates the dependent variable to one or more predictors. This method of data analysis works best when the following conditions are met:

- 1) relationships between variables are linear in nature;
- 2) the errors in the estimation of the dependent variable have a reasonably normal distribution;
- 3) the data have homoscedasticity; and
- 4) independence: the errors in estimation are independent from each other (Hayes, 2017).

3.8.4 Conditional process analysis

This study attempts to understand how trust exerts its effect on loyalty through intimacy and commitment, and when this effect occurs and when it does not, or when it has a strong as opposed to weak effect depending on how good and important donors feel about themselves. The ‘how’ question reflects the underlying psychological mechanism that links donors’ trust to donor loyalty via intimacy and commitment, whereas the ‘when’ and ‘for whom’ question involves what might be the boundary conditions for the

psychological mechanism. These questions can be answered by using conditional process analysis.

The goal of conditional process modelling is ‘to describe the conditional nature of the mechanism or mechanisms by which a variable transmits its effect on another’ (Hayes, 2017, p.393). Conditional process analysis is used to examine ‘the extent to which the mechanism(s) by which an effect operates depends on or varies across situation, context, stimulus, or individual differences’ (Hayes & Rockwood, 2020). A conditional process model consists of two parts of analysis, including mediation and moderation. *Mediation analysis* is used to examine the **direct** and **indirect effects** through which an antecedent or independent variable X transmits its effects on a consequent or dependent variable Y through one or more mediator variables. *Moderation analysis* is used to examine how the size of those direct and indirect effects are conditional on the value(s) of one or more moderators. If an X’s effect on Y depends on a third variable W, it means that X’s effect is moderated by or conditional on W or that X and W interact in influencing Y (Hayes, 2017). A conditional indirect effect can be seen as the magnitude of an indirect effect at a particular value of a moderator (or at particular values of more than one moderator) (Preacher et al., 2007).

In the current research, both mediation and moderation analyses are used to examine the relationships between the variables that are measured in the donor survey. Mediation analysis is applied to inspect the paths between trust and donor loyalty through two mediators, including intimacy and commitment. Specifically, simple mediation is utilised to examine the effect of trust on donor loyalty through intimacy or through commitment independently, whereas serial mediation is used to examine the effect of trust on donor loyalty serially through intimacy and then commitment.

In terms of the software, the researcher employs PROCESS macro 3.0 software to examine the conditional direct and indirect effects. It is a computational procedure for

SPSS that implements moderation, mediation and their combination (e.g., moderated mediation and mediated moderation) with pre-programmed process models (Hayes, 2017). It also provides the capability to customise the model. Hayes (2017) describes one of the strengths of using PROCESS as follows: “...*PROCESS takes the computational burden off the shoulders of the researcher by estimating the models, calculating various effects of interest, and implementing modern and computer-intensive methods of inference, such as bootstrap confidence intervals for indirect effects and the Johnson–Neyman technique in moderation analysis.*” (Hayes, 2017, p.ix) Considerations regarding the methods of inferences using PROCESS mentioned by Hayes are presented in Appendix 1.

3.9 Constraints of the study

There are several constraints influencing the research progress, which are discussed below.

Time. Undertaking two studies including one field survey and one online experiment was a time-consuming challenge. To ensure the research quality and practical significance, I spent sufficient time on research question identification, literature review, and training on methodology as well as fundraising professional education. At the same time in the first two years in the PhD, the researcher worked as a part-time lab manager who was well trained in survey and experimental research; this is believed to add pressure to the whole project but save considerable time in the data collection stage.

Cost. The cost is an important factor that a researcher must consider when undertaking a research project. An online survey is considered a tactic that saves time and money for researchers compared to paper surveys (Wright, 2006). The major cost of this research project consists of the software cost and participant payments. The software cost (Qualtrics) was covered by the Faculty of Business at Plymouth University. The participant cost for the online experiment was paid through MTurk and it was supported

by a research funding awarded by Plymouth Business School.

Changes in charity fundraising regulations. 2015/16 saw the cross-party review of fundraising self-regulation (the Etherington review) and the merger of the Public Fundraising Regulatory Association into the Institute of Fundraising. Charities were asked to obtain a consent from their donors to ‘opt in’ their communication. This issue increased the difficulty of accessing charities that can be collaborated to conduct field surveys. To address this issue, I made personal contacts with a fundraiser who worked at an NHS hospital and was able to connect with other NHS fundraising teams. Thirteen charities were contacted and finally one charity who had completed donor consent collection was committed to participate in this research.

3.10 Research ethics

Research ethics are defined as the application of moral standards to decisions made in planning, conducting, and reporting the results of research studies (McNabb, 2017). Research conducted in the charity field is usually expected to adhere to the same high ethical standards as those professionals who work in the charity sector. These considerations can protect the rights of both researchers and their subjects.

McNabb (2017) proposed four ethical principles that shape morality in non-profit research, including truthfulness, thoroughness, objectivity and relevance. Truthfulness means that the researcher must not purposefully lie, deceive or use fraud. Thoroughness requires that the researcher should not ‘cut corners’ in the research but do ‘good science’ by following all the steps in a scientific manner. The objectivity principle refers to the need for the researcher to be objective and impartial throughout the study, in all aspects. The relevance principle indicates that conducting research should be purposeful and relevant to the literature and research questions.

Accordingly, the researcher honestly stated the research purpose and procedure to participate in the charities and donors, kept records for every step carried out, and fully

presented the findings. The researcher spent sufficient time in the literature related to relationship marketing and fundraising and worked closely with charities in the lab's work. These allowed the researcher to objectively identify the real research question that can truly help fundraising practice. When conducting the studies, the researcher thoroughly examined the materials, software and procedures to ensure high-quality data collection as well as to protect charity's brand image.

Moreover, protecting the rights and privacy of participants is also an important ethical principle. Participants' rights involve the rights of withdrawing from the research process, being informed about the consent and possible deception, and being not obliged to answer any questions they do not feel comfortable with to minimise the negative impact on participants during the study process, including embarrassment, stress, discomfort, pain and harm (Sanders et al., 2017), as well as privacy being protected. The privacy issue was highlighted in the charity sector in 2016 due to the suicide of a 92-year-old Olive Cooke². The fundraising regulation requires charities to respect donors' anonymity and confidentiality (Institute of Fundraising, 2017). Thus, the researcher provided an option that enabled the charity to not share their donors' information, and the researcher did not ask for any information that could identify participants. The researcher also kept the collected data only on a local disk, and all data transferred to the charity were via a secure SFTP site.

The conduct of the research project fully followed the ethics policies of Plymouth University. The study was approved by the Faculty Research Ethics Committees (FREC) at Plymouth University, and the revised research procedure was also approved (see Appendix 9).

² In 2015 there was an outcry over the case of 92-year-old Olive Cooke, one of Britain's oldest and longest-serving poppy sellers, who killed herself after receiving up to 267 letters a month as well as regular phone calls from fundraisers. Source: <https://www.theguardian.com/society/2017/jul/04/charity-opt-out-launched-fundraising-preference-service>

3.11 Chapter summary

This chapter presented the methodological steps followed in the current research. As mentioned, this research was underpinned by a positivist philosophical position and aligned with a post-positivism paradigm, which resulted in the choice of a deductive research approach using quantitative methods for this study. With the identification of field surveys and online experiments as the method employed for collecting data, a questionnaire was developed with carefully evaluated measurements and was administered using Qualtrics software. The data analysis package PROCESS was briefly introduced. Additionally, the constraints of the study and research ethics were also discussed. The specific research methods for conducting Study 1 (field survey) and Study 2 (experiment) will be presented in the following chapters (Chapters 4 and Chapter 6 respectively).

CHAPTER FOUR: STUDY 1 - RESEARCH METHODS

4.1 Introduction

Following the overall research philosophy and methodology for the current research, this chapter presents the detailed methods used in Study 1. As a reminder, Study 1 (field survey) aims to explore the role of intimacy as a driver of loyalty and a mediator, as well as the role of donor identity esteem as a moderator that influences donors' psychological process toward loyalty. This chapter illustrates the decisions undertaken in Study 1 in detail, particularly in sampling, designing questionnaire, in-house pre-test, survey distribution, and the data analysis.

4.2 Sampling

4.2.1 Selection of the sample

For most survey research, it is essential to decide what population to sample from carefully. Sampling is defined as a process in which the right individuals, objects or events are selected as representatives for the population (Sekaran & Bougie, 2010). According to Haslam and McGarty (2014), the researcher controls sampling for two reasons. First, it reduces the amount of uncertainty about the sample so that it is as small as possible. Second, it is to be able to generalise the results of the studies to the relevant population. It is therefore essential that a survey sample is representative of the population of interest. If it is not, then the sample is useless for research purposes.

For the current research, the target population of interest was a set of active donors to a children hospital charity in the UK. The survey was sent to all members who normally would receive a communication email from that charity. There is no reason to believe that this email distribution is different from any other email distribution. Therefore, this sample is considered a representative random sample. A representative random sample will allow the research to generalise from the sample to the population o discover the

relationships between psychological, behavioural and environmental characteristics (Haslam & McGarty, 2014).

Selecting samples from a charity in the children healthcare sector is considered appropriate because donors with giving experience at a local children hospital are likely to have received services from this hospital and their past experiences are likely to create a sense of intimacy and donor identity esteem as well as loyalty.

To recruit participants, the researcher contacted several fundraisers in NHS hospital charities and provided a one-page research proposal for them to distribute. Finally, Birmingham Children's Hospital Charity agreed to join the research project. An invitation email was drafted by the researcher (see Appendix 2) and sent by the charity's fundraiser on 11th August, 2017. For each potential participant, the researcher generated a unique survey link. Then, the fundraising team in the charity distributed the survey through the charity's mailing system. A unique reference number (URN) was used to identify each individual donor and to protect donors' privacy (Saunders et al., 2015).

4.2.2 Sample size

The sample size is the total number of respondents included in a study. Determining the appropriate sample size is one of the most important issues in statistical analysis. If the sample size is too small, the results may not be reliable or representative of the population being studied. A large sample size can reduce uncertainty about what conclusions it is appropriate to draw on the basis of data obtained from the sample (Haslam & McGarty, 2014), whereas a sample size that is too large may significantly increase the cost and time taken to conduct the research.

There are many ways to determine sample size. For instance, for a survey study, some scholars suggested at least a sample size of 200 can provide a sound basis for estimation (Hair et al., 2011). Other researchers suggested that research should provide an accurate estimate of sample size because studies with too large a sample size may lead to a waste

of time, money, efforts and resources (e.g. Kang, 2021). For this research, as conditional process analysis has been adopted to analyse the data, the sample size for conditional process analysis needs to be taken into consideration.

Hayes' conditional process analysis method is generous with sample sizes because it does not require the type of enormous sample more traditionally suggested. One justifiable approach is to calculate your required sample using G*power 3.1 prior to recruitment based on a multiple regression model (Faul et al., 2009). G*Power 3.1 is a power analysis software for a variety of statistical tests. It has been widely used in social science research (Fual et al., 2007). According to Cohen (1988), the calculation adopted a large effect size (f^2) equal to .35, and type I α equal to .05, test power β equal to .95, and number of predictors equal to 4. Therefore, by using a test of a priori: compute required sample size – given a, power and effect size' for the statistical test 'linear multiple regression: fixed model, R^2 deviation from zero', the minimum calculated sample size was 59 respondents. The protocol of power analysis from G*Power output is shown in Figure 4.1.

Figure 4.1 Protocol of power analysis using G*Power for Study 1

```
-- Friday, March 09, 2018 -- 14:28:17
F tests - Linear multiple regression: Fixed model, R2 deviation from zero

Analysis:  A priori: Compute required sample size
Input:     Effect size f2 = .35
           α err prob = .05
           Power (1-β err prob) = .95
           Number of predictors = 4
Output:    Noncentrality parameter λ = 2.6500000
           Critical F = 2.5429175
           Numerator df = 4
           Denominator df = 54
           Total sample size = 59
           Actual power = .9536733
```

4.3 Questionnaire structure and content

The questionnaire is divided into three sections. The first section is an introduction of the study, and it provides a consent statement for participants. The second section is the core of the questionnaire, in which the measurements of all the constructs in the theoretical model (satisfaction, donor identity esteem, trust, intimacy, commitment, donor loyalty) are included. In the final section, questions regarding the demographic status of respondents (age, gender, relationship status, education) and privacy consideration of responses are presented. Each section of the questionnaire is clarified as follows.

Section 1: Introduction and consent

The first section was designed to provide a brief introduction of the current study and a digital consent form for respondents. It stated the purpose of the research, the number of questions (33 questions) and the estimated duration of the study (less than 10 mins). It also said that anonymous data will be collected and how the data will be used and stored, with acknowledgement of the participants' right to withdraw at any time.

Contact details of both the researcher and the charity fundraiser were provided on this page so that respondents could contact either of us if they had any concerns or questions about the study. Participants had to tick a box to indicate that they had understood and agreed to the terms and to confirm that they were above 18.

Section 2: Main section

Section 2 included the measurement scales for the six constructs of the theoretical model in a planned order (Haslam & McGarty, 2014). Most of the constructs were measured on a seven-point Likert scale, with assigned values ranging from 1 being *strongly disagree* to 7 *strongly agree*. The Likert scale allows respondents to answer questions easily and indicate their opinions more precisely. It also allows the researcher to use powerful statistical tools, as these are of an ordinal level (Collis & Hussey, 2009).

A seven-point Likert scale is considered more accurate in providing the respondents' 'true' evaluation of a statement than a five-point Likert scale (Finstad, 2010). Thus, the use of a seven-point Likert scale was justified.

This section includes the measurement scales of the following constructs: 1) satisfaction, 2) donor identity esteem, 3) trust, 4) intimacy, 5) commitment, and 6) donor loyalty.

Satisfaction describes the overall evaluation the respondents have about the fundraising performance of the charity offering to date (see Table 4.1). Satisfaction was identified in previous loyalty studies as an important antecedent of donor loyalty, but the way it works is different from trust and commitment. Thus, satisfaction was measured as a control variable or covariate in the hypothesised model. Measuring satisfaction at the beginning of the main section will not interrupt the effects in the proposed paths.

Table 4.1 Items for Satisfaction

Items	Sources
I am always thanked appropriately for any gift to X Charity	Adapted from Sargeant (2001) and About Loyalty survey (2017)
I feel X Charity understands why I offer my support	
Overall I am very satisfied with how X Charity treats me as a donor	
X Charity's communications always meet my needs for information	
X Charity's fundraising communications are always appropriate in style and tone	

Donor identity esteem (Questions 4-5) measures how good and important respondents feel about being a charity's donor. As claimed by Shang and Sargeant (2012, 2016), how donors feel about being a donor is distinctive among individuals and depends on personal and situational factors. Thus, it may influence donors' psychological processes of building loyalty differently (Shang & Sargeant, 2016). It includes two subscales: donor identity membership esteem and importance of donor identity. The former assesses an individual's judgement of how worthy he/she is of being a donor associated

with a charity. The latter assesses the importance of an individual's donor identity to self-concept (Shang & Sargeant, 2016). The combination of four items reflects a donors' self-evaluation about being a donor associated with a charity (see Table 4.2). This variable acts as a moderator in the current study; therefore, it is measured before the independent variable and other mediators.

Table 4.2 Items for Donor Identity Esteem

Items	Sources
Donor identity membership esteem	Adapted from Shang & Sargeant (2016)
I often feel I'm a very supportive donor of X Charity.	
I feel I have much to offer to X Charity.	
Importance of donor identity	
Overall, being a X Charity supporter has a lot to do with how I feel about myself.	
Giving to X Charity is an important reflection of who I am.	

Trust (Question 6) measures as the respondent's belief in a charity's reliability and integrity (see Table 4.3). It acts the independent variable in the proposed model.

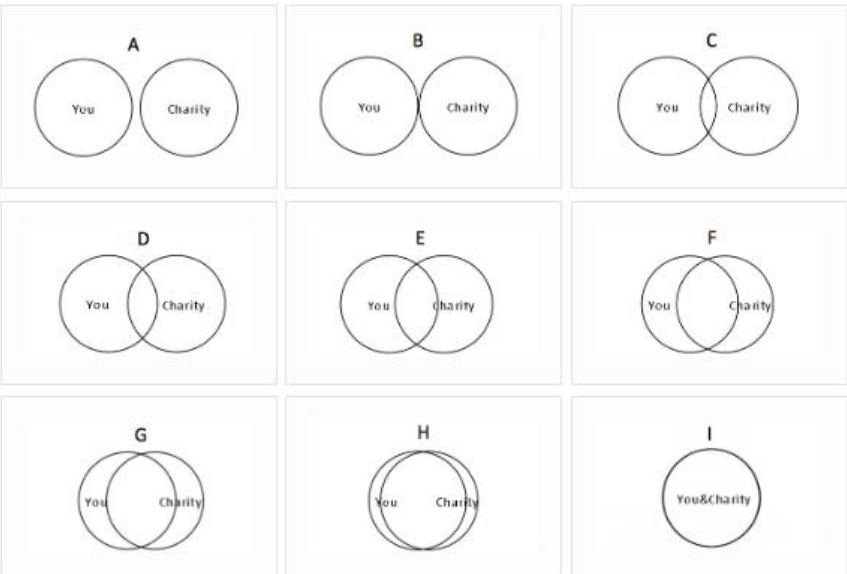
Table 4.3 Items for Trust

Items	Sources
X Charity to deliver the outcomes it promises for its beneficiaries.	Adapted from Sargeant (2001) and About Loyalty survey (2017)
X Charity can always be counted on to do what is right.	
X Charity can always be trusted.	
X Charity can be counted on to use donated funds appropriately.	

Intimacy (Questions 7-9) measures one's integrated feelings of closeness, connectedness, and warmth towards a charity. It acts as a driver of donor loyalty and a mediator that transfers the effect of trust on commitment and loyalty. Three dimensions of intimacy were measured respectively. Three items of connectedness, adapted from

Swaminathan et al. (2009), measured the strength of emotional connection and attachment a donor feels towards a charity (see Table 4.4). Three items of warmth, adapted from Yim et al. (2008), measured the degree of warm feeling a donor perceives about a charity. The final graphical item of closeness with two overlapped circles was adapted from Aron et al.'s (1992) IOS scale, measuring the psychological distance a donor perceives between self and the charity. The average score of all the items was calculated to indicate the level of intimacy.

Table 4.4 Items for Intimacy

Items	Sources
Connectedness	Swaminathan et al. (2009)
I feel connected with X Charity.	
I feel bonded with X Charity.	
I feel I'm attached to X Charity.	
Warmth	Yim et al. (2008)
I always experience warmth in my experience with X Charity.	
I always have a warm feeling when thinking about X Hospital Charity's work.	
I feel great warmth when interacting with X Charity.	
Closeness	Aron et al. (1992)
<p>Please indicate which set of overlapping circles below best describes your relationship with X charity:</p>  <p>The figure displays nine sets of overlapping circles, labeled A through I, arranged in a 3x3 grid. Each set represents a different level of psychological distance between 'You' and 'Charity'. <ul style="list-style-type: none"> A: Two separate, non-overlapping circles. B: Two circles that are slightly overlapping. C: Two circles that overlap more significantly. D: Two circles that overlap even more. E: Two circles that overlap almost completely. F: Two circles that overlap almost completely, with a very small gap. G: Two circles that overlap almost completely, with a very small gap. H: Two circles that overlap almost completely, with a very small gap. I: A single circle containing both 'You' and 'Charity'. </p>	

Commitment (Question 10) measures an individual's belief that an ongoing relationship with another is so important as to warrant maximum efforts at maintaining it (Sargeant & Shang, 2017; Sargeant & Woodliffe, 2007) (see Table 4.5). It acts as a mediator that mediates the effect of trust and the effect of intimacy on loyalty in the hypothesised model.

Table 4.5 Items for Commitment

Items	Sources
The relationship I have with X Charity is something I am very committed to	Adapted from Sargeant and Woodliffe (2007)
I care passionately about the work of X Charity	
X Charity is working to achieve a goal that I care passionately about	

The dependent variable **donor loyalty** (Question 11) is assessed next, which examines respondents' intention to support a charity in the future. Respondents were asked to indicate how likely they are to (1) continue donating in the next year, (2) increase donation in the next year, (3) recommend the charity to family and friends, and (4) leave the charity a gift in their will (1 = very unlikely; 7 = very likely) (see Table 4.6).

Table 4.6 Items for Donor Loyalty

Items	Sources
Continue donating to X Charity	Sargeant and Woodliffe (2007); About Loyalty survey (2017)
Increase your donation to X Charity	
Recommend X Charity to family and friends	
Leave X Charity a gift in your will	

Section 3: Demographics

Section 3 included the demographic questions and the question of respondents' permission to link their response to the charity's record. Age is measured with a range

of 18-120 years. Gender, relationship status and education questions were all adapted from academic studies, and a 'prefer not to say' option was offered. At the end of the questionnaire, the respondents were also asked whether they wished the charity to see and record their responses. A total of 248 out of 388 respondents selected 'I'm happy for the Birmingham Children's Hospital Charity to see my responses and keep a record of them', and the remaining 140 respondents selected 'I would prefer to keep my responses anonymous'. For those responses giving permission for the charity's access, the data were securely transferred to the charity through an FTP site after the data collection was completed.

A copy of the final questionnaire designed for Birmingham Children Hospital can be found in Appendix 4.

4.4 In-house pre-test

Considering that the researcher already had experience conducting donor surveys when she worked as a lab manager in the Plymouth Charity Lab, a pilot study with the charity donor population was considered unnecessary because the researcher had been very familiar with the process. However, an in-house pre-test must be conducted to ensure that the study content is impeccable.

The questionnaire was pre-tested among a small group of academic researchers who had rich experience in testing and proofreading donor surveys. The purpose of the pre-test was to examine survey structure, wording of questions, survey design and logics (randomisation, force-response), and accessibility via multiple devices (i.e., mobile, tablet, desktop or laptop with different browsers).

A few minor issues regarding wording were identified, and those sentences were subsequently rephrased. Furthermore, since the average response time of the researchers was approximately 6 mins, it was believed appropriate to inform participants a loose time that the survey would take approximately 10 mins. Following the revisions, the

questionnaire was again discussed with supervisors and fundraisers of Birmingham Children Hospital Charity, who confirmed its appropriateness. Therefore, the questionnaire was finalised.

4.5 Survey Distribution

In terms of survey distribution, the researcher provided two options for the charity as follows. Finally, option 2 was taken by the charity.

- **Option 1: The researcher sends the survey email to donors on the charity's behalf**
 - The charity provides a donor contact file (including donors' first name, last name, email addresses, and unique reference number URN) to the researcher, and sends a warm-up email in order to inform donors that they will be invited to participate in a study soon, and then collect opt-outs.
- **Option 2: The charity sends the survey email to donors**
 - The charity provides a file with URNs of each donor, and the researcher then supplies individual survey links for each URN. In this way, the charity doesn't need to pass on donors' contacts to the researcher.

The survey email was sent to 5378 donors by the fundraiser at Birmingham Children's Hospital on 11th August 2017 (a copy can be found in Appendix 2); and a follow up reminder was sent to those who had not completed the survey on 21st August 2017 (a copy can be found in Appendix 3). The survey closed on 28th August 2017, which resulted in 17 days for data collection. The average time for completion was five minutes. The researcher sent two brief reports to the charity for reporting the ongoing response rates. In total, 388 completed responses were collected during the data collection period, representing a response rate of 7.2%. This response rate is higher than

the typical response rates that charities receive from similar surveys (Shang, Sargeant, & Carpenter, 2019).

One respondent sent an email stating that he had a problem with using a shared desktop to open the survey page completely. Upon investigation, it was found that the issue is due to JavaScript being blocked on that computer. The researcher therefore advised the respondent to use another device and the problem was resolved following this advice.

4.6 Approach to data analysis

In accordance with the research objectives and questionnaire design, appropriate data analysis methods were determined. This study employs hierarchical regression analysis and conditional process analysis using SPSS software. Hierarchical regression analysis is used to examine whether variables of interest explain a statistically significant amount of variance in the dependent variable after accounting for other variables (Pedhazur, 1997). To test hypothesis 1, the direct effect of intimacy on donor loyalty alongside trust, commitment, and satisfaction, a hierarchical regression is used. Hypotheses 2 and 3 were tested by PROCESS macro 3.0 for SPSS. To test the hypothesis that there is a positive indirect effect of trust on donor loyalty through intimacy and then commitment, a serial mediation model (Model 6) was used to examine a serial pathway between trust and multiple mediators (intimacy and commitment) and donor loyalty. To test the hypothesis that whether donor identity esteem moderates the serial pathway, a moderated serial mediation model (Model 92) was applied (Hayes, 2017).

4.7 Chapter Summary

This chapter presented the research method decisions related to Study 1, a field survey. Specifically, this chapter addressed the research methods involving sampling, questionnaires, in-house pretests, survey distribution, and data analysis. In the sampling stage, the purposive sampling method was used to identify the charity sectors; the

snowball sampling method was used to recruit participating charities; and the self-selected sampling method was used to recruit participants. In the data collection stage, the questionnaire was pretested within the research centre team, who helped to check participants' understanding of questions and to finalise the questionnaire. The final questionnaire was built on Qualtrics, and unique survey links for targeted donors were distributed by the BCHC fundraiser. Donors were invited to take this study via one survey email and one reminder email, which resulted in 384 valid responses for data analysis. The next chapter presents the results of the data analysis that relate to the research objective of this research.

CHAPTER FIVE: STUDY 1 – FINDINGS & DISCUSSION

5.1 Introduction

This chapter presents the results emerging from the quantitative analysis of Study 1. It is preceded by the profile of the sample, descriptive statistics and reliability analysis, assumption checking and hypothesis testing using conditional process analysis.

5.2 Demographic Profile of the respondents

The data collected was from the active individual donors (respondents) who have donated to Birmingham Children's Hospital Charity in the past 24 months. In total, 388 completed responses were collected. However, since four responses were unusable because the gender of the respondents was not indicated, it resulted in a final sample of 384 responses to be analysed.

Table 5.1 presents a breakdown of the key characteristics of the respondents, including gender, age, relationship status and education, respectively. Among the 384 valid responses, 73% were female, 63% were married or in a civil partnership, 48% held a college degree or above, and the mean age was 46.4 years (Std dev = 13.3).

Table 5.1 Demographic statistics of Study 1 sample

Gender	Frequency	Percentage
Male	100	26%
Female	284	73%
Age		
18-24	9	2.4%
25-34	63	16.2%
35-44	128	33.1%
45-54	84	21.6%
55-64	58	15.0%
65-74	38	9.9%
75 and above	8	2.2%
Relationship Status		
Married/civic partnered	244	62.9%
Currently in relationship	62	16.0%
Single	64	16.5%
Prefer not to say	18	4.6%
Education		
Below college degree	176	45.4%

College degree	113	29.1%
Postgraduate degree	72	18.6%
Prefer not to say	27	7.0%

It is worth noting the gender ratio (26% male: 73% female). This ratio is comparable with other recent donor research, in terms of the donor populations reported to be engaged with charities in the UK (Charity Aid Foundation, 2019).

Turning to the literature exploring donor behaviours, Sargeant and Jay (2014) suggest that age, gender, marital status and education (highly associated with income) influence people's giving behaviour. In view of this, these demographic variables will be consistently controlled for throughout the entire analysis.

5.3 Descriptive analysis and reliability analysis

Prior to proceeding to the analysis, it is necessary to first undertake a descriptive analysis of the data sample, which enables the researcher to describe the properties of a particular data set (Haslam & McGarty, 2014, p.128). Table 5.2 presents an overview of descriptive analysis and reliability test for each construct.

As shown in the table, the Cronbach's alpha scores of satisfaction, donor identity esteem, trust, intimacy, and commitment are all above 0.8, indicating good reliability and internal consistency of the constructs.

Table 5.2 Study 1 descriptive analysis and reliability test for the constructs

Variables	Interpretation	Value meaning	Mean	SD	Cronbach's a
Dependent variable (Y)					
Loyalty	the intention to support a charity in long term	Likert Scale 1("very unlikely") to 7 ("very likely")	5.47	1.11	.66
Independent variable (X)					
Trust	the confidence in the charity's reliability and integrity	Likert Scale 1("strongly disagree") to 7 ("strongly agree")	6.14	.90	.91
Mediators					
Intimacy (M1)	an integrated feeling of connectedness, closeness, and warmth that a donor perceives about a charity	Average value of all items in connectedness, warmth and closeness	5.17	1.31	.89
-Connectedness	donor perceived emotional connection and attachment with a charity	Likert Scale 1("strongly disagree") to 7 ("strongly agree") for 6 items;	5.44	1.22	.92
-Warmth	donor perceived warm feeling about a charity	Likert Scale 1("strongly disagree") to 7 ("strongly agree") for 6 items;	5.70	1.06	.91
-Closeness	donor perceived psychological distance between self and a charity	graphic IOS scale 1 (two circles without overlap and having a gap) to 9 (two circles completely overlap)	4.37	2.35	-

Commitment (M2)	genuine beliefs or passion for the cause that the charity works on	Likert Scale 1("strongly disagree") to 7 ("strongly agree")	5.87	.99	.85
Moderator					
Donor identity esteem (W)	the degree of how good and important a donor feels about self being a donor of a charity	Likert Scale 1("strongly disagree") to 7 ("strongly agree")	5.13	1.11	.82
- Importance of donor identity	the importance of an individual's donor identity to self-concept	Likert Scale 1("strongly disagree") to 7 ("strongly agree")	5.13	1.34	.82
- Donor identity membership esteem	the degree of how worthy a donor feels as a donor member of a charity	Likert Scale 1("strongly disagree") to 7 ("strongly agree")	5.13	1.16	.73
Covariate					
Satisfaction	the overall evaluation a donor has on the fundraising service of a charity	Likert Scale 1("strongly disagree") to 7 ("strongly agree")	5.89	1.11	.91
<i>Demographic variables</i>					
Age	Age of donor	Continuous variable	46.45	13.26	NA
Gender	Gender of donor	Male = 1, Women = 2	1.74	.44	NA
Married	Whether a donor is married or in civic partnership	Married = 1, otherwise = 0	.63	.48	NA
College degree	Whether a donor has a college degree or above	College degree = 1, otherwise = 0	.29	.45	NA
Postgraduate degree	Whether a donor has a postgraduate degree or above	Postgraduate degree = 1, otherwise = 0	.18	.39	NA
N=384					

For the loyalty construct, the Cronbach's alpha is .66, which is slightly below the general acceptance cut-off point of 0.7 for accepting the construct as a reliable one. According to Cortina (1993), Cronbach's alpha is a measurement of internal consistency; in other words, the interrelatedness of items. A set of items, however, can be relatively interrelated and multidimensional (Green et al., 1977). If a component analysis suggests the existence of only one factor, then alpha can be used to conclude that the set of items is unidimensional (Cortina, 1993). Therefore, the researcher conducted an exploratory factor analysis and correlation analysis among the four items in the loyalty construct to examine the internal relatedness of the items.

Table 5.3 shows the results of exploratory factor analysis on the loyalty construct. It indicates that four items are loaded in the same category, although the intention of 'Leave Birmingham Children's Hospital Charity a gift in your will' has a factor loading of 0.584. According to Field (2009), the criteria for assessing the importance of factor is accurate when [...] communalities after extraction are greater than .7 or when the sample size exceeds 260 and the average communality is greater than .6. Therefore, given that our sample size is 384 – which is over 260 – and the average communality is .721 (the sum of the factor loading index 2.885 divided by the number of factors [4]), it confirmed that the four items loaded on one factor and thus the construct is internally reliable. For further confirmation, I also detected the inter-item correlation analysis, shown in Table 5.4. All four items of donor loyalty are significantly correlated, but due to the nature of different donor behaviours, the coefficient varies among the items. In conclusion, with taking the sample size (384), number of items (4), and one group factor into consideration, I believe that the donor loyalty construct is an acceptable measure.

Table 5.3 Component Matrix of donor loyalty scale items

Items	Component 1
Continue donating to Birmingham Children's Hospital Charity in the next year	.769
Increase your donation to Birmingham Children's Hospital Charity in the next year	.747
Recommend Birmingham Children's Hospital Charity to family and friends	.785
Leave Birmingham Children's Hospital Charity a gift in your will	.584

Note: Extraction Method: Principal Component Analysis. 1 components extracted.

Table 5.4 Results of Inter-Item Correlation Matrix for donor loyalty

	1	2	3	4
1 Continue donating to Birmingham Children's Hospital Charity in the next year	1.00			
2 Increase your donation to Birmingham Children's Hospital Charity in the next year	.37**	1.00		
3 Recommend Birmingham Children's Hospital Charity to family and friends	.60**	.36**	1.00	
4 Leave Birmingham Children's Hospital Charity a gift in your will	.17**	.44**	.24**	1.00

Note: Correlation is significant at the .01 level (2-tailed).

Therefore, all measurement scales used in this study can be considered reliable. Table 5.5 shows the correlations among the key variables.

Table 5.5 Correlations among key variables

Variable	1	2	3	4	5	6	7	8	9
1 Loyalty	--								
2 Age	-.162**								
3 Gender	.038	-.239**							
4 Married	.020	.177**	-.086						
5 College Degree	-.066	-.086	-.018	-.052					
6 Postgrad Degree	.033	-.095	.007	.073	-.302**				
7 Trust	.319**	-.064	.096	.042	-.001	-.038			
8 Commitment	.485**	-.137**	.097	.023	-.030	.023	.541**		
9 Satisfaction	.259**	-.027	.078	-.004	-.046	.028	.550**	.336**	
10 Intimacy	.495**	-.083	.074	.043	-.060	-.009	.538**	.649**	.409**
11 Donor identity esteem									

Note. $N = 384$. For gender, 1 = male, 2 = female.

** $p < .01$

5.4 Assumption check

Before conducting regressions, it is necessary to check if some important assumptions have been met with respect to interpreting and generalising the results of this regression model accurately. One of these assumptions is that all the predictor variables (independent variable, mediator and moderator variables) must be a continuous scale (such as interval or ratio) or a categorical scale (with two categories), and dependent variables must be quantitative, continuous and unbounded (Field, 2013). In this study, both the dependent variable and predictor variables were measured using a 7-point Likert scale, which is commonly treated as continuous in regression analysis.

Specifically, for conditional process analysis, several other assumptions need to be met to obtain accurate results when conducting and interpreting results. These assumptions are linearity, normality, homoscedasticity, and independence (Hayes, 2017). These assumptions are important because satisfying these assumptions or not can influence the validity of hypothesis tests for measures of association and the width of confidence intervals and their likelihood of including the true value.

The assumption of linearity assumes that the association between the predictor variable and outcome variable is linear or at least approximately linear (Hayes, 2017). According to Field (2009), it can be tested by scatterplots, confirming linearity by showing rectangular scatterplots rather than curved scatterplots. The normality assumption requires the predictors' errors in the estimation of the outcome variable to be normally distributed (Hayes, 2017; Tabachnick & Fidell, 2012), which can be visually assessed by histogram (a bell-shaped curve) and P-P plot. Appendix 6 shows that the distributions of all variables are convincing as normal. Skewness and kurtosis are used as alternative methods to check normality statistically, which confirm the normal distribution if the range is within -1 to +1 and -3 to +3, respectively (Hair et al., 2011).

Table 5.6 indicates that both values of skewness and kurtosis for each variable fall within the accepted range, confirming the normality assumption.

Table 5.6 Normality Statistical Tests of the Research Variables

Variables	Skewness	Kurtosis
Trust	-.746	1.917
Intimacy	-.858	2.242
Commitment	-.787	2.689
Donor identity esteem	-.856	1.545
Satisfaction	-.738	1.129
Loyalty	-.935	1.190

The assumption of homoscedasticity refers to the errors in estimation being equally variable conditioned on the observed outcome variable (Hayes, 2017). Scatterplots are used to examine the standardised residuals, which are shown by standardised predicted values and used to verify the homoscedasticity assumption. Accordingly, if variances are very unequal, there is evidence of the existence of heteroscedasticity, and the scatterplots will be funnel shaped rather than rectangular (Field, 2017). Appendix 7 indicates that homoscedasticity has been met as the points are randomly and evenly dispersed throughout the plots.

Last, the independence assumption states that the errors in estimation are statistically independent. According to Field (2013), the Durbin–Watson test is one useful method to test if errors in regression are independent. This assumption is likely to be met, as the Durbin–Watson statistic shown as 1.989 is very close to 2.

5.5 Hypotheses testing

This section presents the results of a set of mediation and moderation tests. As mentioned above, this study aims to investigate the role of intimacy and donor identity esteem and their influences on donor loyalty. It includes several specific effects to be considered: the impact of intimacy on donor loyalty independent with other predictors; the effect of trust on donor loyalty through intimacy and commitment; and the conditional effect of the previous mediation paths. Therefore, several hypotheses were formulated to examine the direct, indirect, conditional direct and indirect effects between variables.

5.5.1 Testing H1

Hypothesis 1 proposed that *there is a positive direct effect of intimacy on donor loyalty alongside trust, commitment, and satisfaction*. To test this hypothesis, the researcher performed a hierarchical regression using SPSS. Demographic variables including age (continuous ranging from 18 to 83), gender (indicator coded 1 for male and 2 for female), married (indicator coded 1 for married and 0 otherwise), college degree (indicator coded 1 for having a college degree and 0 otherwise), postgraduate degree (indicator coded 1 for having a postgraduate degree and 0 otherwise), were entered into Block 1. Trust, satisfaction, and commitment (7-point Likert scale from 1 = strongly disagree to 7 = strongly agree) were entered into Block 2. Intimacy was then entered into Block 3.

The results of hierarchical regression analysis are presented in Table 5.7. Trust, commitment and satisfaction and intimacy are all significantly correlated with donor loyalty. Before adding intimacy into the model, donor loyalty was significantly predicted by commitment ($b = .471, p < .001$), $F(8, 375) = 16.624, p < .001$. After adding intimacy into the model, the adjusted R^2 significantly increased from .251

to .291, suggesting that adding intimacy has a significant increase of 4% of the variance explaining donor loyalty, with donor loyalty significantly predicted by intimacy ($b = .251, p < .001$) and commitment ($b = .305, p < .001$), $F(9, 374) = 18.431, p < .001$. Therefore, I can conclude that intimacy is an antecedent factor of donor loyalty independent of the level of trust, commitment, and satisfaction.

Table 5.7 Results of hierarchical regression analysis predicting donor loyalty

Model		Coefficient	SE	LLCI	ULCI
1	(Constant)	6.174***	.359	5.468	6.881
	Age	-.015***	.004	-.024	-.006
	Gender	-.006	.131	-.264	.251
	Married	.111	.118	-.121	.343
	College degree	-.203	.130	-.460	.053
	Postgraduate degree	-.037	.153	-.337	.263
2	(Constant)	2.552***	.486	1.597	3.507
	Age	-.010*	.004	-.018	-.002
	Gender	-.105	.116	-.332	.123
	Married	.057	.104	-.147	.261
	College degree	-.151	.115	-.377	.074
	Postgraduate degree	-.028	.134	-.292	.236
	Trust	.040	.073	-.104	.184
	Commitment	.471***	.060	.353	.588
	Satisfaction	.097	.053	-.008	.202
3	(Constant)	2.867***	.475	1.932	3.801
	Age	-.010*	.004	-.017	-.002
	Gender	-.101	.112	-.322	.120
	Married	.039	.101	-.159	.238
	College degree	-.115	.112	-.335	.104
	Postgraduate degree	.001	.130	-.255	.258
	Trust	-.030	.073	-.172	.113
	Commitment	.305***	.067	.173	.436
	Satisfaction	.057	.052	-.046	.160
	Intimacy	.251***	.051	.152	.351

Note: N=384. *** indicates $p < .001$, ** indicates $p < .01$. * indicates $p < .05$. LLCI = lower level of the 95% confidence interval, ULCI = upper level of the 95% confidence interval. Coefficients are unstandardised and can be interpreted as a percentage scored on the test. Bolded confidence intervals indicate the significance of the effects. Adjusted R^2 in Block 1 = .022, adjusted R^2 in Block 2 = .251, $\Delta R^2_{\text{block 2} \rightarrow \text{block 1}} = .229$ ($p < .001$), adjusted R^2 in Block 3 = .291, $\Delta R^2_{\text{block 3} \rightarrow \text{block 2}} = .04$ ($p < .001$).

5.5.2 Testing H2

Mediation describes the process that occurs when the causal effect of an antecedent variable (X) on a consequence variable (Y) is transmitted by one or more mediators (M) (Preacher et al., 2007). In other words, X can affect Y because X affects the mediator M or mediators (M_1, M_2, \dots), and in turn, the mediator(s) affects Y. When there are several mediators linked in a causal chain, it is called serial mediation.

Hypothesis 2 proposed such mediation—that a donor's trust would transmit to donor loyalty indirectly through intimacy and commitment. In other words, ***there is a positive indirect effect of trust on donor loyalty through intimacy and commitment.***

PROCESS model 6 (Hayes, 2017) was performed to assess the mediation effects. The tested model used trust as the antecedent variable (X) and donor loyalty as the consequence variable (Y). Intimacy (M_1) and commitment (M_2) were sequentially entered as mediators. In addition, considering that satisfaction is an indicator of donor loyalty but works differently from trust and commitment, satisfaction was included in the model as a covariate throughout the analysis. The model was calculated using 5,000 bootstrapped samples with 95% bias-corrected confidence intervals performed in the estimations. This method is preferred because it is suitable for the normality of the sampling distribution of the indirect effect (Hayes, 2017).

As shown in Table 5.8, the indirect effect of trust on donor loyalty is mediated by intimacy and commitment. Specifically, there is a positive total indirect effect ($b = .345$, $p < .001$, 95% CI from .235 to .464) of the mediation path through intimacy and commitment. The direct effect of trust on donor loyalty is nonsignificant ($b = -.0356$, $p = .6228$, 95% CI from -.178 to .107). The indirect effects of trust on donor loyalty

transmit through three pathways. The indirect effect of trust on donor loyalty through intimacy ($b = .166$, 95% CI from .086 to .239) is approximately 1.7 times larger than the indirect effect of trust on donor loyalty through commitment ($b = .099$, 95% CI from .043 to .173) and approximately 2 times larger than the indirect effect through both mediators ($b = .080$, 95% CI from .032 to .143). These results confirm H2.³

Table 5.8 Results of mediation model for testing H2

	Coefficient	SE	LLCI	ULCI
Direct effects				
Predicting Intimacy ($R^2 = .308$, $p < .001$, $MSE = 1.1910$, $F(2,381) = 84.5943$)				
Constant	.0451	.398	-.7375	.8277
Trust	.6506***	.074	.5051	.7961
Satisfaction	.1916**	.0603	.0729	.3102
Predicting commitment ($R^2 = .474$, $p < .001$, $MSE = .5165$, $F(3,380) = 114.1161$)				
Constant	2.1284***	.2621	1.613	2.6438
Trust	.3083***	.0534	.2033	.4134
Intimacy	.3838***	.0337	.3175	.4501
Satisfaction	-.0235	.0403	-.1027	.0557
Predicting donor loyalty ($R^2 = .294$, $p < .001$, $MSE = .8719$, $F(4,379) = 39.3585$)				
Constant	2.165***	.3689	1.4396	2.8904
Trust	-.0356	.0724	-.178	.1067
Intimacy	.255***	.0508	.1552	.3548
Commitment	.3207***	.0667	.1896	.4517
Satisfaction	.0556	.0523	-.0473	.1585
Indirect effects				
Through Intimacy	.166	.039	.086	.239
Through Commitment	.099	.033	.043	.173
Through Intimacy + Commitment	.080	.029	.032	.143
Total indirect effect	.345	.060	.235	.464
Total effect of trust on donor loyalty	.309***	.071	.170	.448

Note: *** indicates $p < .001$, ** indicates $p < .01$. * indicates $p < .05$. LLCI = lower level of the 95% confidence interval, ULCI = upper level of the 95% confidence interval. Coefficients are unstandardized

³ I also ran the same analysis with the mediators in reverse order (commitment first and intimacy second). The indirect effect was also significant when the mediators were reversed ($b = .094$, 95% CI from .045 to .152).

and can be interpreted as a percentage scored on the test. Bolded confidence intervals indicate the significance of the effects. Although the p-value is not available PROCESS output to indicate the level of significance (asterisks were not marked in indirect effects), the specific and total indirect effects are significant because the confidence intervals exclude zero. N= 384.

Robustness check

For robustness, the researcher ran the analysis again with demographic variables controlled as covariate terms. The demographic variables included age, gender, marital status, college degree, and postgraduate degree. The pattern of the results remained the same. The total effect of trust on donor loyalty ($b = .299$, 95% CI from .160 to .438) and indirect effect ($b = .329$, 95% CI from .222 to .446) was statistically significant, yet the direct effect of trust on donor loyalty was not significant ($b = -.030$, $p = .681$, 95% CI from -.172 to .113). For the specific indirect paths, the mediation effect of trust on donor loyalty was significant through intimacy ($b = .161$, 95% CI from .083 to .235), through commitment ($b = .093$, 95% CI from .039 to .165), and through intimacy and commitment ($b = .074$, 95% CI from .030 to .138). Thus, it was concluded that the effect of trust on donor loyalty is mediated by intimacy and commitment.

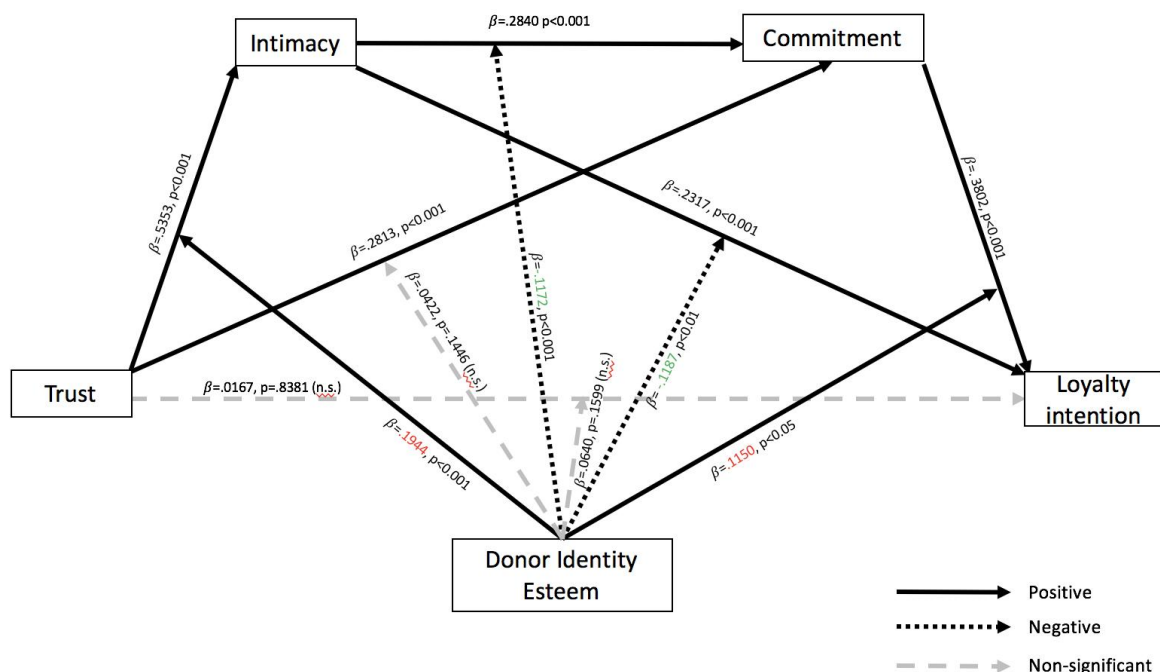
5.5.3 Testing H3

The third hypothesis proposed a moderated mediation, predicting that ***the direct and indirect effects of trust on loyalty through intimacy and commitment are moderated by donor identity esteem***. This hypothesis attempts to explore how donor identity esteem influences donors' psychological process, and empirically quantifies the contingent nature of the mechanism by which a donors' trust exerts its influence on donor loyalty through intimacy and commitment depending on donor identity esteem. Therefore, I assumed that donor identity esteem would strengthen or weaken the direct and indirect pathways.

PROCESS model 92 was used to assess the moderated mediation effects. This model includes trust as an independent variable, donor loyalty as a dependent variable, intimacy and commitment as mediators, and satisfaction as a covariate. A 5,000-

bootstrapping method with 95% bias-corrected confidence intervals was performed in the estimations. Antecedent variable, mediating and moderating variables were mean-centred prior to the analyses. In line with Hayes' (2017) suggestions, the researcher reported the unstandardised regression coefficient throughout this thesis. The Johnson-Neyman technique was employed to probe the critical point for the interactions (Bauer, Curraan & Thurstone, 2005). The 16th, 50th, and 84th percentiles in the sample distribution of donor identity esteem were used in the analysis, which are labelled as representative of 'relatively low' (16%, W=4.00), 'moderate' (50%, W=5.25), or 'relatively high' (84%, W=6.25). The results including the indirect effects and direct path coefficients are shown in Figure 5.1. Note that throughout the thesis, to highlight the opposite directions of moderation, numbers representing positive and negative effect sizes of moderation in the same contexts are in red and green, respectively.

Figure 5.1 Results of the conditional process model for H3



Note: Multi-step mediation analysis with 5,000 bootstrap samples (model 92 in Process macro3.0; Hayes, 2017).

The indirect effect through intimacy was significant when donor identity esteem ranged from below 1.109 or from 3.153 to 6.011 (W=4.00, b=.116, 95% CI from .039 to .179; W=5.25, b=.122, 95% CI from .057 to .208; W=6.25, b=.167, 95% CI from -.014 to .208).

The indirect effect through commitment was significant when donor identity ranged above 3.356 (W=4.00, b=.059, 95% CI from .012 to .127; W=5.25, b=.113, 95% CI from .053 to .208; W=6.25, b=.167, 95% CI from .061 to .337).
The indirect effect through intimacy and commitment was significant when donor identity ranged from 3.356 to 6.655 (W=4.00, b=.033, 95% CI from .011 to .078; W=5.25, b=.059, 95% CI from .029 to .097; W=6.25, b=.059, 95% CI from .014 to .117).
The total indirect effect was significant when donor identity esteem ranged from 3.356 to 6.011 (W=4.00, b=.207, 95% CI from .120 to .330; W=5.25, b=.294, 95% CI from .183 to .420; W=6.00, b=.393, 95% CI from .145 to .455).

Conditional indirect effects

I first examine the conditional indirect effects. As shown in Table 5.9, conditional process analysis revealed that the effects of trust on loyalty through intimacy, commitment and both, were moderated by donor identity esteem, supporting H3. Specifically, donor identity esteem was found to moderate the indirect effect of trust on loyalty via intimacy. The conditional indirect effect via intimacy was significant when donors' identity esteem was relatively low (W = 4.00, 95% CI from .039 to .179) and moderate (W = 5.25, 95% CI from .057 to .189) but not relatively high (W = 6.25, 95% CI from -.014 to .208). The JN-technique analysis indicates that the conditional indirect effect through intimacy was significant when donor identity ranged from below 1.109 or from 3.153 to 6.011.

Table 5.9 Conditional process model coefficients for indirect effects of trust on donor loyalty through intimacy and commitment

Indirect Path	W	Coefficient	Boot SE	Boot LLCI	Boot ULCI
Trust -> Intimacy -> Loyalty	|W=4.00	.116	.036	.039	.179
	|W=5.25	.122	.034	.057	.189
	|W=6.25	.167	.056	-.014	.208
Trust -> commitment-> Loyalty	|W=4.00	.059	.029	.012	.127
	|W=5.25	.113	.040	.053	.208
	|W=6.25	.167	.071	.061	.337
Trust -> Intimacy -> commitment-> Loyalty	|W=4.00	.033	.017	.011	.078
	|W=5.25	.059	.018	.029	.097
	|W=6.25	.059	.027	.014	.117
The total indirect effect	|W=4.00	.207	.053	.120	.330
	|W=5.25	.294	.060	.183	.420
	|W=6.25	.393	.081	.145	.455

Note: Conditional indirect bootstrap samples = 5,000. Coefficients are unstandardised and can be interpreted as a percentage scored on the test. Moderator (W) values are the 16th, 50th, and 84th percentiles. Donor identity esteem (W), trust, intimacy, and commitment are mean-centred. The coefficients of the total indirect effects were calculated as the sum of the coefficients of three paths when W was 4, 5.25, and 6.25, respectively. The Boot SE, Boot LLCI, and Boot ULCI of the total indirect effect were calculated using bootstrap estimates which were generated by the PROCESS Save option.

Donor identity esteem was also found to moderate the indirect effect via commitment, such that the indirect effect was more positive for high donor identity esteem. The conditional indirect effect via commitment was significant when donor identity esteem was relatively low (W = 4.00, 95% CI from .012 to .127), moderate (W = 5.25, 95% CI from .053 to .208) and relatively high (W = 6.25, 95% CI from .061 to .337). The JN-technique analysis indicates that the conditional indirect effect through intimacy was significant when donor identity ranged above 3.356.

Donor identity esteem was also found to moderate the indirect effect via intimacy and then commitment (serial mediation), such that the indirect effect was more positive for higher in donor identity esteem. The conditional indirect effect via intimacy and commitment was significantly above zero for donors relatively low (W = 4.00, 95% CI from .011 to .078), moderate (W = 5.25, 95% CI from .029 to .097) and relatively high (W = 6.25, 95% CI from .014 to .117) in donor identity esteem. The JN-technique analysis indicates that the conditional indirect effect through intimacy and commitment was significant when donor identity ranged from 3.356 to 6.655.

Conditional direct effects

As shown in Table 5.10, the results showed that donor identity esteem positively moderates the direct effect paths of Trust → Intimacy and Commitment → Loyalty, but negatively moderates the paths of Intimacy → Commitment and Intimacy → Loyalty.

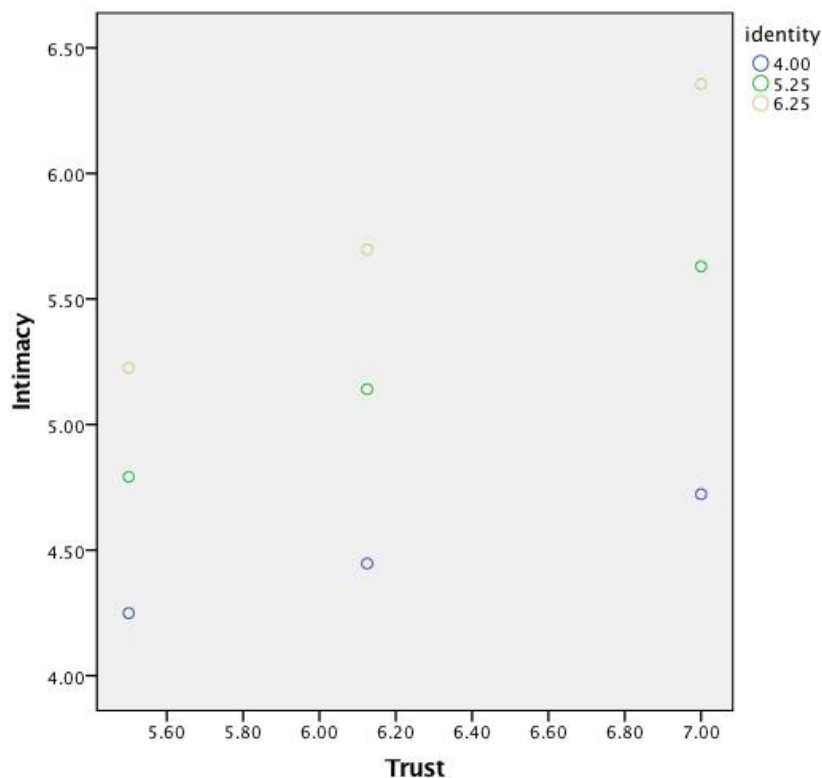
Table 5.10 Conditional process model coefficients for direct effects

	Coefficient	SE	LLCI	ULCI
Predicting Intimacy ($R^2 = .524, p < .001, MSE = .823, F(4, 379) = 104.41$)				
Constant	-.829**	.301	-1.420	-.237
Trust	.535***	.070	.399	.672
Identity	.559***	.047	.467	.651
Trust x Identity	.194***	.033	.131	.258
Satisfaction	.126*	.050	.027	.225
<i>Conditional effect of Trust -> Intimacy (JN critical point: $W < 1.109$ or $W > 3.153$)</i>				
W=4.00	.316	.067	.185	.447
W=5.25	.559	.071	.419	.698
W=6.25	.753	.089	.579	.928
Predicting Commitment ($R^2 = .549, p < .001, MSE = .446, F(6, 377) = 76.496$)				
Constant	.252	.224	-.188	.693
Trust	.281***	.056	.172	.391
Intimacy	.284***	.038	.210	.358
Identity	.225***	.041	.145	.305
Trust x Identity	.042	.029	-.015	.099
Intimacy x Identity	-.117***	.025	-.167	-.067
Satisfaction	-.028	.038	-.102	.046
<i>Conditional direct effect of Intimacy-> Commitment (JN critical point: $W < 6.655$)</i>				
W=4.00	.416	.048	.322	.511
W=5.25	.270	.038	.195	.344
W=6.25	.153	.047	.061	.245
Predicting Loyalty ($R^2 = .318, p < .001, MSE = .850, F(8, 375) = 21.872$)				
Constant	5.084***	.311	4.473	5.694
Trust	.017	.082	-.144	.178
Intimacy	.232***	.056	.122	.342
Commitment	.380***	.080	.224	.536
Identity	.001	.059	-.114	.116
Trust x Identity	.064	.046	-.025	.153
Intimacy x Identity	-.119**	.042	-.201	-.036
Commitment x Identity	.115*	.051	.015	.215
Satisfaction	.067	.052	-.035	.169
<i>Conditional direct effect of Intimacy-> Loyalty (JN critical point: $W < 6.011$)</i>				
W=4.00	.366	.076	.216	.516
W=5.25	.217	.056	.108	.327
W=6.25	.099	.070	-.040	.237
<i>Conditional direct effect of Commitment-> Loyalty (JN critical point: $W > 3.356$)</i>				
W=4.00	.250	.074	.104	.397
W=5.25	.394	.082	.232	.556
W=6.25	.509	.117	.280	.738

Note: *** indicates $p < .001$, ** indicates $p < .05$. * indicates $p < .1$. Conditional indirect bootstrap samples = 5,000. Coefficients are unstandardised and can be interpreted as a percentage scored on the test. W values are the 16th, 50th, and 84th percentiles. Donor identity esteem (identity), trust, intimacy, and commitment are mean-centred.

As reported in the table, trust in a charity can lead to greater feelings of intimacy with the charity for those whose donor identity esteem was relatively low ($W = 4.00$, 95% CI from .185 to .447), moderate ($W = 5.25$, 95% CI from .419 to .698), and relatively high ($W = 6.25$, 95% CI from .579 to .928). As shown in Figure 5.2, the higher the donor identity esteem is, the stronger the trust that leads to intimacy. In contrast, trust has a weaker effect on intimacy for those with relatively low donor identity esteem. This can be observed as when the trust level increases, intimacy also increases, but the discrepancy of the level of intimacy in different levels of donor identity esteem becomes larger.

Figure 5.2 Visual representation of the moderation of the effect of donor identity esteem of trust on intimacy



To illustrate the JN technique analysis, I take this interaction (trust x donor identity esteem) as an example. Specifically, the interaction of trust and donor identity esteem can boost intimacy when donor identity esteem is under the condition of <1.109 and >3.153 , as shown in Figure 5.3. According to Hayes (2017), 1.109 and 3.153 are the cut-off points. In other words, if the donor identity esteem is below 1.109 or above 3.153,

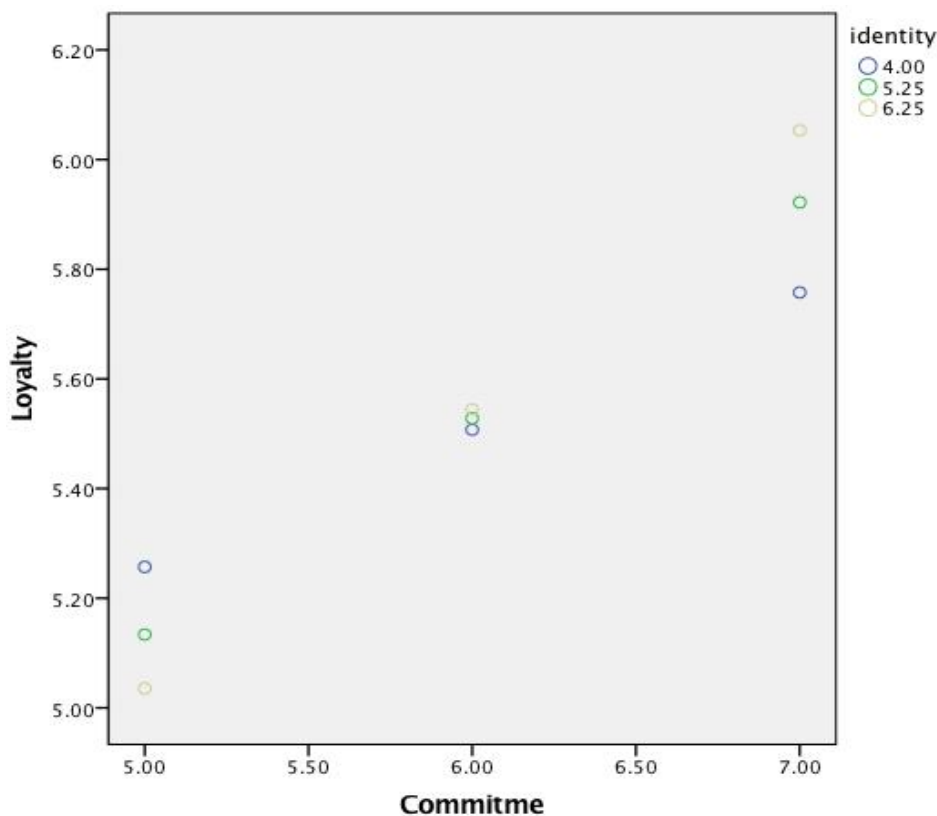
the higher a person had a rate on donor identity esteem, the more likely he would feel intimate towards the charity when the trust level is constant. (Note: This paragraph explains how the output of the JN technique was interpreted through the thesis; therefore, the output of the JN technique will not be outlined separately each time.)

Figure 5.3 Probing the interaction of trust x donor identity esteem in predicting intimacy using JN-technique

Moderator value(s) defining Johnson-Neyman significance region(s):						
Value	% below	% above				
1.1089	.2604	99.7396				
3.1527	5.2083	94.7917				
Conditional effect of focal predictor at values of the moderator:						
Identity	Effect	SE	<i>t</i>	<i>p</i>	LLCI	ULCI
1.0000	-.2674	.1283	-2.0848	.0378	-.5196	-.0152
1.1089	-.2462	.1252	-1.9662	.0500	-.4925	.0000
1.3000	-.2091	.1200	-1.7427	.0822	-.4450	.0268
1.6000	-.1508	.1119	-1.3471	.1788	-.3709	.0693
1.9000	-.0925	.1042	-.8876	.3753	-.2973	.1124
2.2000	-.0341	.0968	-.3528	.7244	-.2244	.1561
2.5000	.0242	.0898	.2691	.7880	-.1524	.2008
2.8000	.0825	.0834	.9887	.3234	-.0816	.2465
3.1000	.1408	.0777	1.8112	.0709	-.0120	.2937
3.1527	.1511	.0768	1.9662	.0500	.0000	.3021
3.4000	.1991	.0729	2.7310	.0066	.0558	.3425
3.7000	.2574	.0691	3.7241	.0002	.1215	.3934
4.0000	.3158	.0666	4.7434	.0000	.1849	.4467
4.3000	.3741	.0654	5.7221	.0000	.2455	.5026
4.6000	.4324	.0656	6.5892	.0000	.3034	.5614
4.9000	.4907	.0673	7.2921	.0000	.3584	.6230
5.2000	.5490	.0703	7.8110	.0000	.4108	.6872
5.5000	.6073	.0744	8.1578	.0000	.4610	.7537
5.8000	.6657	.0796	8.3635	.0000	.5092	.8222
6.1000	.7240	.0855	8.4639	.0000	.5558	.8922
6.4000	.7823	.0921	8.4909	.0000	.6011	.9635
6.7000	.8406	.0992	8.4698	.0000	.6455	1.0358
7.0000	.8989	.1068	8.4185	.0000	.6890	1.1089

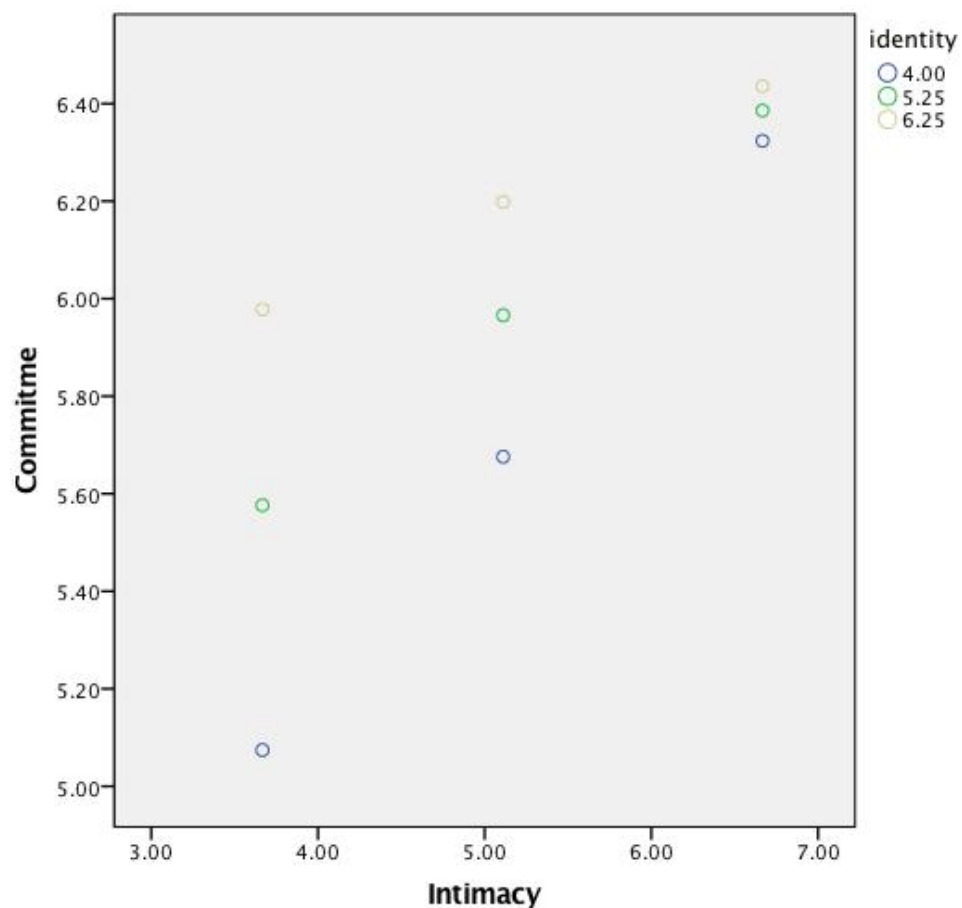
Similarly, the interaction of commitment and donor identity esteem on donor loyalty was also positively significant when donor identity esteem was relatively low ($W = 4.00$, 95% CI from .322 to .511), moderate ($W = 5.25$, 95% CI from .195 to .344), and relatively high ($W = 6.25$, 95% CI from .061 to .245) (see Figure 5.4). The JN technique identified that this positive interaction occurs when donor identity esteem is above 3.356. This means that among those who have relatively low donor identity esteem, donors expressed less loyalty when the commitment level is consistent. In contrast, among donors who have relatively high donor identity esteem, they expressed more loyalty when the commitment level is consistent. This can be observed when commitment increases by two units from 5.00 to 7.00, loyalty increases 0.50 units for those with relatively low donor identity esteem but increases 1.02 units for those with relatively high donor identity esteem (see Figure 5.4).

Figure 5.4 Visual representation of the moderation of the effect of donor identity esteem of commitment on loyalty



However, this is not the case for the direct effects of intimacy on commitment and on loyalty. Specifically, there was negative interaction effect between intimacy and donor identity esteem on commitment found when donor identity esteem is relatively low ($W = 4.00$, 95% CI from .322 to .511), moderate ($W = 5.25$, 95% CI from .195 to .344), and relatively high ($W = 6.25$, 95% CI from .061 to .245) (see Figure 5.5). The JN technique identified that this negative interaction occurs when donor identity esteem is below 6.655. As I can see from Figure 5.5, for donors with relatively low donor identity esteem, an increase in intimacy leads to a greater increase in the level of commitment compared to the effect for those with higher donor identity esteem.

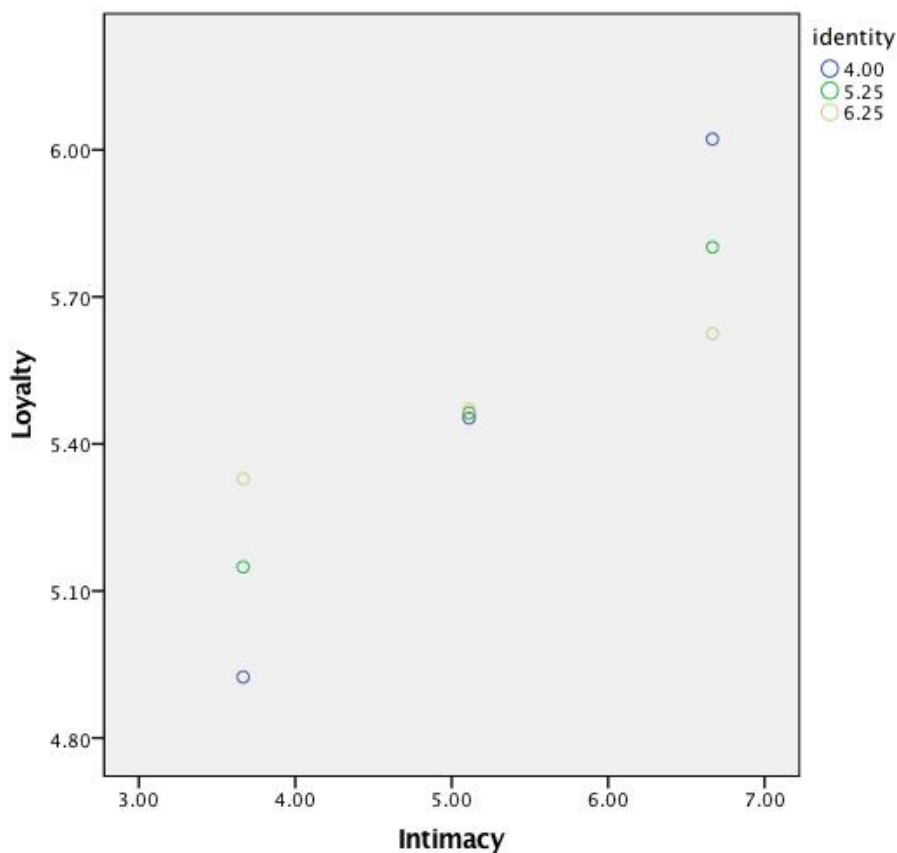
Figure 5.5 Visual representation of the moderation of the effect of donor identity esteem of intimacy on commitment



Similarly, there was a significantly negative interaction effect between intimacy and donor identity esteem on donor loyalty, when donor identity esteem is relatively low ($W = 4.00$, 95% CI from .216 to .516) and moderate ($W = 5.25$, 95% CI from .108 to .327),

but not in situations where the donor identity esteem is relatively high ($W = 6.25$, 95% CI from $-.040$ to $.237$) (see Figure 5.6). The JN technique indicates that the region of significance of the negative interaction is when donor identity esteem is below 6.011. When commitment increases one unit from 5.00 to 6.00, the level of loyalty increases by 0.25 units for those with relatively low donor identity esteem but increases by 0.51 units for those with relatively high donor identity esteem.

Figure 5.6 Visual representation of the moderation of the effect of donor identity esteem of intimacy on loyalty

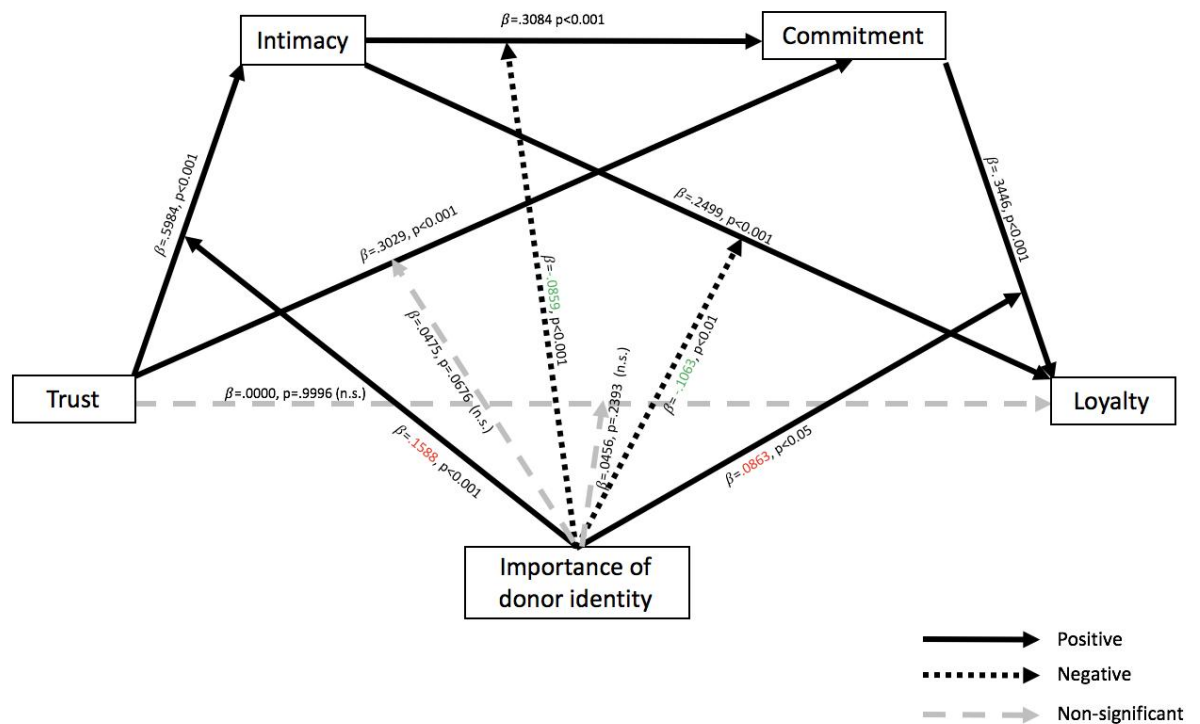


The above findings explained how donor identity esteem moderates the process linking trust to loyalty through intimacy and commitment. Although the overall conditional indirect effects were positive, these effects were offset (suppressed) by the negative indirect effects that passed through intimacy to a greater degree among donors lower in donor identity esteem. This is a particularly interesting point to explore.

Robustness check

For robustness, this model was re-run with age, gender, marital status, college degree and postgraduate degree added as covariate variables together with satisfaction, and the pattern of results remained the same. Considering that donor identity esteem consists of two subscales, I ran the same model twice, once using importance of donor identity as the moderator (see Figure 5.7) and the other using donor identity membership esteem as the moderator (Figure 5.8). Both models were then re-run with demographic variables controlled and the pattern of results remained the same.

Figure 5.7 Results of the conditional process model using the importance of donor identity as the moderator



Note: Multi-step mediation analysis with 5,000 bootstrap samples (model 92 in Process macro 3.0; Hayes, 2017).

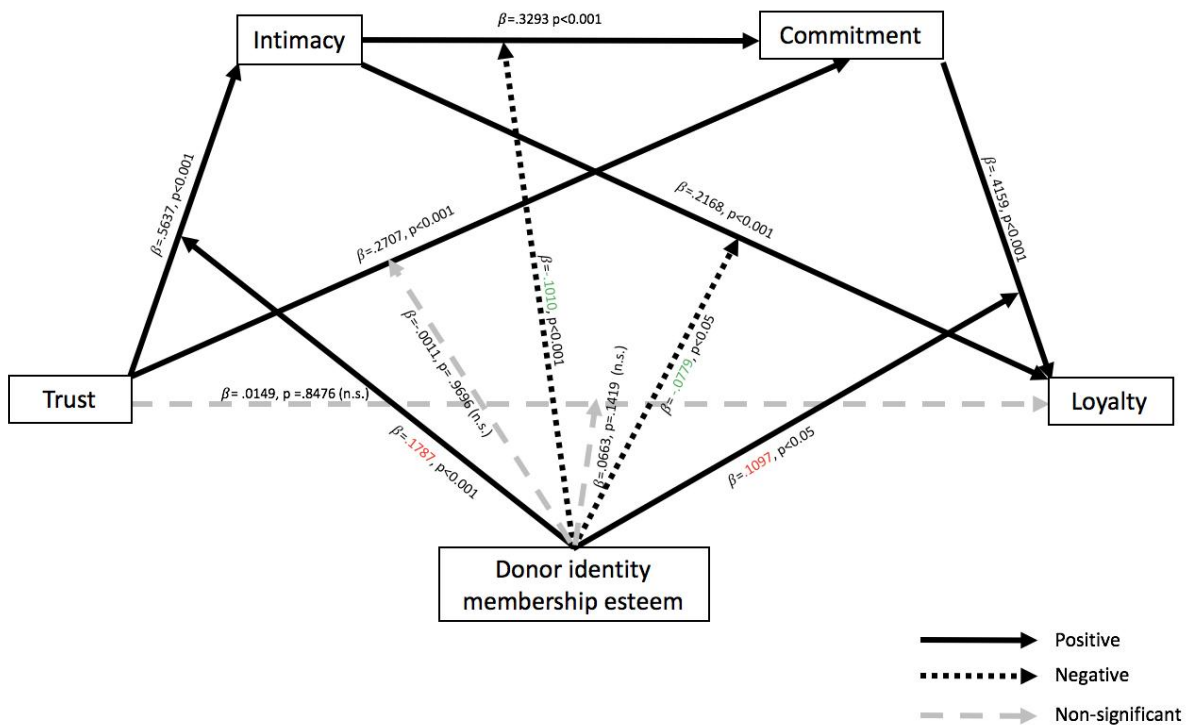
The conditional direct effect of trust on loyalty is not significant at any levels of importance of donor identity (W=4.00, $b = -.062, p = .474$, 95% CI from $-.193$ to $.090$; W=5.00, $b = -.006, p = .940$, 95% CI from $-.165$ to $.153$; W=6.50, $b = .062, p = .602$, 95% CI from $-.173$ to $.297$).

The conditional indirect effect through intimacy was significant when importance of donor identity ranged between 2.444 to 6.295 (W=4.00, $b = .155$, 95% CI from $.061$ to $.232$; W=5.00, $b = .152$, 95% CI from $.075$ to $.224$; W=6.50, $b = .085$, 95% CI from $-.010$ to $.215$).

The indirect effect through commitment was significant when importance of donor identity ranged above 3.149 (W=4.00, $b = .062$, 95% CI from $.018$ to $.129$; W=5.00, $b = .099$, 95% CI from $.047$ to $.178$; W=6.50, $b = .170$, 95% CI from $.060$ to $.324$).

The indirect effect through intimacy and commitment was significant when importance of donor identity ranged above 3.149 (W=4.00, b=.042, 95% CI from .013 to .098; W=5.00, b=.062, 95% CI from .031 to .102; W=6.50, b=.072, 95% CI from .022 to .135).

Figure 5.8 Results of the conditional process model using donor identity membership esteem as moderator



Note: Multi-step mediation analysis with 5,000 bootstrap samples (model 92 in Process macro 3.0; Hayes, 2017).

The conditional direct effect of trust on loyalty is not significant at any levels of donor identity membership esteem (W=4.00, b= -.060, $p = .424$, 95% CI from -.206 to .087; W=5.00, b= -.007, $p = .930$, 95% CI from -.142 to .155; W=6.00, b= .073, $p = .602$, 95% CI from -.122 to .268).

The conditional indirect effect through intimacy was significant when donor identity membership esteem ranged between 2.926 to 6.181 (W=4.00, b=.111, 95% CI from .041 to .172; W=5.00, b=.123, 95% CI from .059 to .187; W=6.00, b= .107, 95% CI from .026 to .216).

The indirect effect through commitment was significant when donor identity membership esteem ranged above 3.083 (W=4.00, b=.080, 95% CI from .022 to .154; W=5.00, b=.109, 95% CI from .049 to .193; W=6.00, b= .138, 95% CI from .049 to .273).

The indirect effect through intimacy and commitment was significant when donor identity membership esteem ranged above 3.083 (W=4.00, b=.047, 95% CI from .020 to .096; W=5.00, b=.074, 95% CI from .040 to .114; W=6.00, b= .089, 95% CI from .036 to .145).

5.6 Discussion of study 1

To understand what drives donors to be loyal, I gathered substantial contributions from extant loyalty studies in both the commercial context and the charity context, as well as the traditional emerging work on intimacy. Loyalty studies have indicated that when a donor desires a long-term relationship with a charity, trust and commitment drive donor

loyalty but not satisfaction. Studies of customer intimacy in the service context and business context confirmed that customers engage in emotional feelings of how close a firm or service provider is to one self when evaluating the relationship between self and the partner. These studies initiate a multiprocess paradigm for understanding how donor loyalty evolves. This field survey study first measures intimacy in the charity context and assesses how it influences donor loyalty as well as how it mediates the effects of trust on commitment and donor loyalty. It also addresses the role of donor identity esteem and its moderating effects on donors' psychological process toward loyalty.

Several findings from this study deserve further discussion. First, this study highlights that intimacy complements trust and commitment in affecting donor loyalty. Intimacy mediates the effects of trust on commitment and donor loyalty, which is consistent with Ponder et al. (2016) and Tabrani et al. (2018). When evaluating the effect sizes, the findings indicate that intimacy may play a more significant role in translating the effects of trust on donor loyalty than the role commitment does because the indirect effect of trust on donor loyalty through intimacy alone is about 2 times larger than that through commitment or through both mediators (intimacy and commitment). It has therefore never been more important to look at how charities can forge relationships with donors and in particular the nature and role of 'intimacy'. Consequently, fundraisers should be mindful of the fact that if they want to deepen donor relationships based on donors' trust, there is a need to focus on deepening the positive emotional experience and making donors feel close and connected to the charity. Moreover, the scale of intimacy developed for this research may be used by fundraisers to supplement their traditional donor survey on attitudinal indicators.

Second, this study demonstrates that donor identity esteem moderates the overall psychological process from trusting to donor loyalty via intimacy and commitment, while it strengthens the effect of trust on intimacy and the effect of commitment on

donor loyalty, but weakens the effects of intimacy on commitment and loyalty. Given that perceived feelings of intimacy are based on an established identity (only when a donor active the donor identity attached to a particular charity, it is possible for him to feel close or overlapped with a charity because of shared characteristics, this finding may indicate that compared to those who highly evaluate their donor identity, those whose donor identity is not so important for their self-concept are more willing to commit to a charity and more likely to support the charity in the future if they perceive closeness, connectedness and warmth about the charity. Therefore, one implication of this finding may be that emphasising the worth and importance of one's donor identity can be a double-edged sword in fundraising communications. It is suggested that fundraisers should put more effort into understanding donors' evaluation about their donor identity to optimise donor segmentation and then develop communication and fundraising strategies to connect with and engage those donors.

Several limitations in this study suggest further research opportunities. First, although I successfully demonstrate the moderating role of donor identity esteem in donors' psychological mechanism, additional work is needed to uncover the differential effects of moderation and why it is. Second, this study examines the concept and effects of intimacy in a children health care context, but the findings can be generalised beyond this particular setting. Similar research can be done across diverse charity contexts in the future. Third, this study employs a field survey to investigate the correlations between the observed variables, and this design provides limited causal insight (Rindfleisch et al., 2008). These limitations will be addressed in Study 2.

CHAPTER SIX: STUDY 2 – HYPOTHESES DEVELOPMENT AND METHODS

6.1 Introduction

This chapter presents the theoretical foundation and methodology relating to Study 2. It starts by outlining the research objectives of Study 2. Next, it develops the theoretical model, presenting the hypotheses that this study will address based on a review of the relevant literature. Then, we will discuss the methods used for approaching Study 2. Specifically, the sampling method and use of the MTurk sample are discussed, along with the experimental survey design and measurement instruments used in this study. The process of the pretest and pilot study are highlighted, processes which provide valuable outcomes in terms of examining the reliability of the data and whether manipulation is successful or not for conducting the main study. Finally, the approach for analysing the conditional process model for Study 2 is presented, which involves customising the conditional process model and the calculation of direct and indirect effects using the save option in PROCESS.

6.2 Research objectives

Study 2 is designed based on the findings from Study 1. This study has two objectives. The *first* objective is to verify the findings from Study 1 in an experimental condition. For further confirmation, this study aims to claim the causality by manipulating the independent variable trust and the moderator donor identity esteem. Therefore, study 2 is designed as an experiment. Due to the experimental design, Study 2 employed an alternative measure of donor loyalty – hypothetical giving amount and this will be justified in Section 6.3.

The *second* objective is to investigate why donor identity esteem has opposite moderation effects in the previous model by exploring two different pathways through which intimacy leads to commitment.

6.3 Literature review and hypotheses generation

Study 1 showed that the feeling of closeness, connectedness and warmth to a charity can contribute to one's willingness to maintain a relationship. A more interesting finding of the study is that once a donor feels intimate with a charity, the effect of intimacy turning into commitment may be reduced for those with high donor identity esteem. This psychological process is complex as it not only involves a focus transfer of donor perception from concern about self (i.e., I feel connected with the charity) to concern about the charity and its cause (i.e. I care passionately about the work of the charity), but also involves how good a donor perceives his/her donor identity as part of his/her self-concept.

It is important to research this gap because although a close relationship may have been established through the first a few times of giving, charities are still eager to turn their donors to committed supporters as a number of benefits with respect to their attitudes and future behaviour (e.g., regular donation, legacy, volunteering, advocating) should accrue as a consequence (Sargeant & Woodliffe, 2005). Understanding what psychological process that a donor will experience in terms of committing to a charity is important for fundraisers to develop donor stewardship plans. However, very limited literature that the author is aware of has researched this donors' psychological process, while only Sargent and Woodliffe (2005) investigated the antecedents of donor commitment. This study addresses this question by zooming in on the psychological mechanism that donors transfer their intimacy to commitment.

One possible relationship between intimacy and commitment is that intimacy may translate commitment through inward/self-reinforcing and outward/other-caring pathways (Han et al., 2017; White & Peloza, 2009; Mikulincer et al. 2001). In an inward/self-reinforcing pathway, when people feel intimate with a charity, they may experience positive emotion (e.g. feeling of encouragement and uplift; Shang et al.,

2020; Armstrong & Detweiler-Bedell 2008; Pohling & Diessner 2016; Bagozziet al., 1999) and this may in turn reinforces their self-worth as being a donor of the charity (Sargeant & Shang, 2012; Shang & Sargeant, 2016). In contrast, in an outward/other-caring pathway, when people have intimacy with a charity, they may be able to empathise with the situation of the charity or the beneficiaries. This leads to their perception that the charity's work is important which lead the them to commit to the charity.

I propose that donors can experience both pathways because altruism and warm-glow all motivate giving (Andreoni, 1990; Bekker & Wiepking, 2010). If this mechanism is how donors' intimacy turns to commitment, it is expected that some mediators exist between these two variables. By reviewing the literature, four mediating factors are identified to explain how intimacy transmits to commitment: affective empathy, charity support importance, encouragement/uplifting, and donor identity reinforcement.

Affective empathy refers to the emotional state that one perceives another experiencing or about to experience an emotion (Stotland, 1969). It is shown in the ability to effortlessly sense and powerfully experience others' emotions (Eisenberg, 2000; Hoffman, 2000). It is different from sympathy which occurs when seeing others in distress; instead, affective empathy is based on the closeness with others and involves perspective-taking efforts (Eisenberg & Miller, 1987). Neuroscience literature has shown that feeling connected is a prerequisite for empathy (Churchland, 2019). In the charity context, empathy evokes altruistic behaviours with reduced social exclusion (Twenge et al., 2007) and increases helping behaviours (Bendapudi et al., 1996). When donors feel more intimate with a charity, they are thus more likely to experience a stronger affective empathy.

Affective empathy may evoke one's perception of the importance of a charity's work. I term *charity support importance* which refers to the evaluation of how important a

charity's work is in making a difference on a cause. This is because if affective empathy evokes altruistic motivations, when people know others in distress, they altruistically should feel pulled to help. When such help can't be delivered by people themselves, other agents such as charities that can deliver the help may be perceived as important in alleviation of others' distress. The more important people perceive a charity's work is, the more likely he or she is to commit to the charity.

Encouragement and uplifting are positive emotions which may be generated after giving (Shang et al., 2020). When a donor feels intimate with a charity, their past giving experience may be encouraged and uplifted as intangible psychological benefits (Bekkers & Wiepking, 2011). This is because donors with giving experience and close relationships with charity may enlighten their positive emotions (e.g. encouragement and uplifting), which allow them to experience the beauty of giving (Gusewell & Ruch, 2012; Pohling & Diessner, 2016).

Donor identity reinforcement describes the extent of donor perceived enhancement of their self-worth as a donor. According to self-verification theory, individuals tend to confirm their self-views as being who they are (Burke & Stets, 1999). When people are able to verify themselves, they feel efficacious and good about themselves (Moretti & Tory Higgins, 1990). The more a donor reinforces his or her donor identity associated with the charity, the more likely people are to commit to a charity.

Outward and inward pathways towards commitment

I propose that once a certain level of intimacy has been achieved, it will transmit to commitment through all of the above factors through outward and inward pathways.

Overall Hypothesis 4 is proposed first as follows.

Hypothesis 4: The effect of intimacy on commitment will be mediated by affective empathy, charity support importance, encouragement & uplifting, and donor identity reinforcement.

First, there is an outward/other-caring path toward commitment, where donors first experience affective empathy and then perceive charity support importance; in turn, they can truly feel the need for the charity's work and thus commit to it. This psychological process is extroverted and is based on concern for others (altruism). It is suggested that the outward mechanism has the ultimate goal of enhancing the welfare of the needy even with self-sacrifice for one's own welfare (Martin, 1994). This process is all about caring for others with altruistic motives, which has been supported by many empirical studies relating to the empathy-altruism hypothesis and attachment theory. Indeed, the outward/other-caring psychological process passing by affective empathy could be complex and effortful for most individuals because it attempts to understand distressed others by explicitly taking their perspective and imagining their situation (Davis, 2006; Cialdini et al., 1997). Thus, this is typically considered an effortful process involving suppression of one's own egocentric perspective and active entertaining of someone else's (Davis, 2006). Therefore, it is possible that it is harder for people to commit to a charity by going through the outward/other-caring process. I posit that affective empathy and charity support importance mediate the relationship between intimacy and commitment (H4a).

Hypothesis 4a: Outwardly, the effect of intimacy on commitment will be mediated by affective empathy and charity support importance.

Additionally, I also propose that commitment can also be enhanced due to an inward/self-reinforcing process. As an example, if donors perceive that their relationships with the charity are intimate, they may view that relationship in a favourable way and tend to experience encouragement and uplifting emotions through their past giving experience. Furthermore, the feeling of encouragement and uplifting could then verify their self-worth, which reinforces their donor identity. The inward mechanism relates to self-interest, which involves the ultimate goal of increasing one's

self-welfare (Martin, 1994). In other words, donors commit to an organisation because of the kind of person they want to be, and that ideal self makes them feel better and more self-importance. I therefore posit that encouragement and uplifting and donor identity reinforcement mediate the relationship between intimacy and commitment (H4b).

Hypothesis 4b: Inwardly, the effect of intimacy on commitment will be mediated by encouragement & uplifting and donor identity reinforcement.

Furthermore, such inward and outward paths are not completely separated; instead, donors may go through a mixture of these two mechanisms. It seems that no matter how donors' orientation is self or others, it all directs to a reinforced identity because people consistently seek self-verification (Burke & Stets, 1999). They may shift their view about the relationship with charities from being an unaffiliated individual to everything self-related. Therefore, thinking back to that as a donor, encouragement and uplifting can make people feel better about themselves as donors. Therefore, I expect that such emotion could result in the reinforcement of donor identity. I therefore posit that the mediating effects of (i) affective empathy and charity support importance on the relationship between intimacy and commitment and (ii) encouragement & uplifting and donor identity reinforcement will have crossover and finally through donor identity reinforcement (H4c).

Hypothesis 4c: There will be a crossover between the inward and outward mediating pathways and finally go through donor identity reinforcement.

The moderating role of donor identity esteem

Moreover, I also propose that donor identity esteem moderates the strength of the indirect effects of intimacy on commitment via the inward and outward pathways. Because donors with higher donor identity esteem are more likely to have higher shared value with a charity, they are more likely to have higher readiness to engage in the

procedures to congruent with their donor identity (Oyserman,2009). Therefore, for those with higher donor identity esteem, the effects of the in inward/self-reinforcing pathway may be strengthened because they, as donors, feel that their role is very important to beneficiaries and charities. However, for those with low donor identity esteem, as donor identity is relatively less worthy and important, the effects in the inward/self-reinforcing pathway may be shrunk but the effects in the outward/other-caring pathway may be strengthened because those donors may feel that they can only play a limited role in alleviation of others' distress while the importance of the charity is highlighted. I therefore propose that

Hypothesis 5: Donor identity esteem will moderate the strength of the indirect effects of intimacy on commitment affective empathy, charity support importance, encouragement & uplifting and donor identity reinforcement. Specifically,

Hypothesis 5a: Donor identity esteem will negatively moderate the indirect effect of intimacy on commitment which goes through affective empathy and charity support importance.

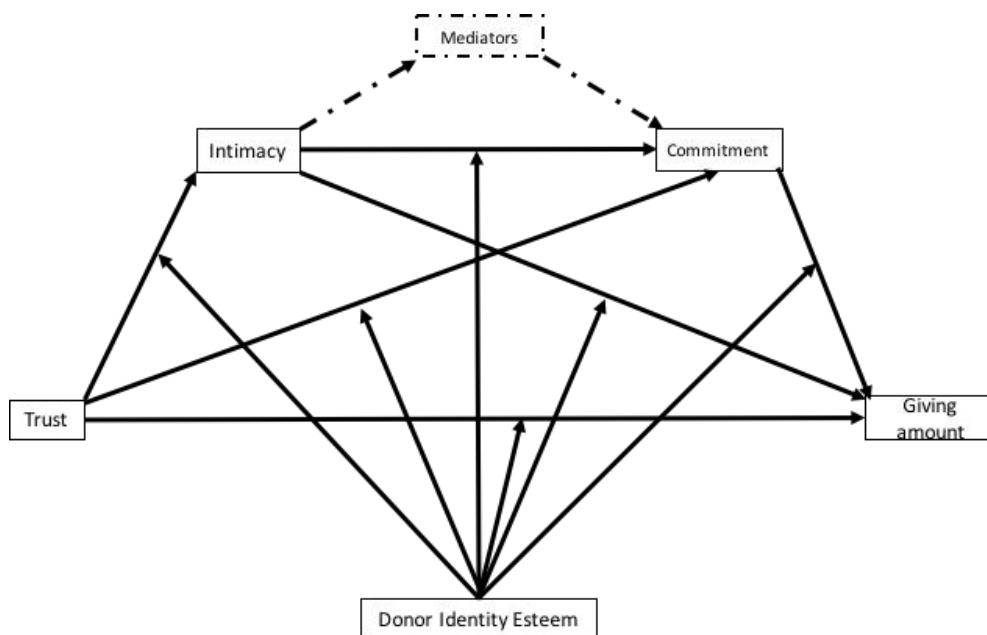
Hypothesis 5b: Donor identity esteem will positively moderate the indirect effect of intimacy on commitment which goes through encouragement & uplifting and donor identity reinforcement.

To summarise, four mediators underlying the psychological mechanism between intimacy and commitment have been identified. Along with the previous identification of donor's giving amount as the assessed dependent variable, the theoretical model for the current study 2 is confirmed. Taking the objective 1 and 2 into consideration, the conceptual framework of study 2 is proposed in Figure 6.1. Corresponding to objective 1 to verify the findings from Study 1, Panel A illustrates the model examining the effects of trust on giving amount through intimacy and commitment, moderated by

donor identity esteem. In addition, corresponding to objective 2, Panel B illustrates the model examining the effects of intimacy on commitment through four mediators (i.e. affective empathy, encouragement and uplifting, charity support importance, and donor identity reinforcement), moderated by donor identity esteem. The following sections discuss them in detail. Due to the complexity of presenting the findings, I separate the model into two parts to present and discuss across the rest of this thesis.

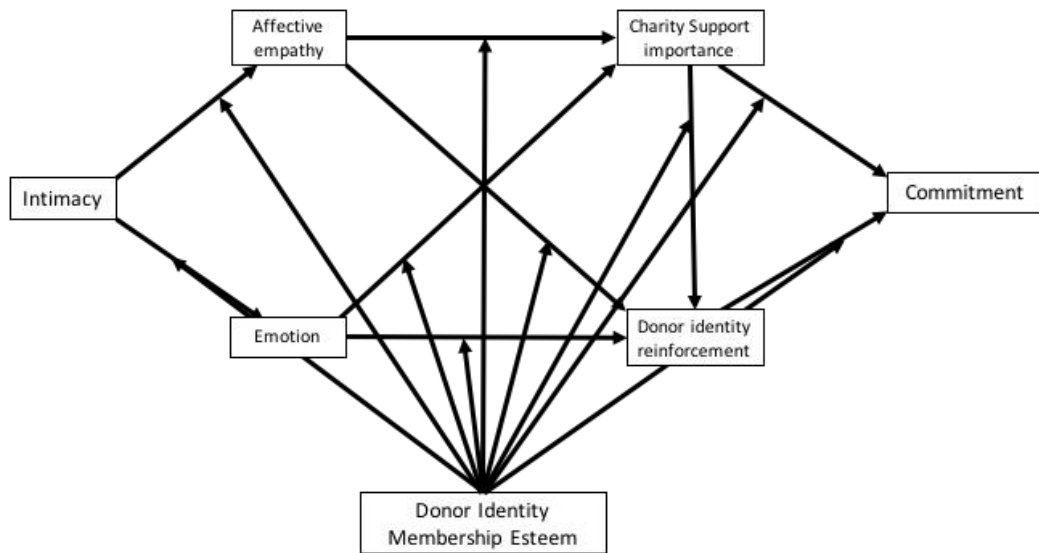
Figure 6.1 Conceptual framework of Study 2

Panel A. Model for verifying the findings of study 1



Note: Throughout the thesis, the dot-dash arrows and box refer to the mediation model in which affective empathy, charity support importance, encouragement & uplifting, and donor identity reinforcement serve as the mediators between intimacy and commitment.

Panel B. Model for testing the effects of intimacy on commitment through mediators



Note: emotion = encouragement & uplifting

6.4 Method

6.4.1 Sampling and use of MTurk samples

In Study 2, the target population is the general population in the US. The sampling method for recruiting participants was convenience sampling. According to Haslam and McGarty (2014), the convenience sampling method is often used in psychological experiments in which researchers are interested in all human beings who can display the psychological process that is being investigated. Unless people cannot understand the experimenter's instructions for the study, the population of interest is general people with normal vision who can express their views or understandings with the researcher, in this case via an online survey.

Many forms of publicity for convenience sampling are considered appropriate in marketing and psychology research for specific purposes of the relevant research. They may include using student samples, crowd-sourcing panels, posting the study on appropriate internet groups, letters or emails of invitations to a publicly accessible list, etc. (Landers & Behrend, 2015; Roulin, 2015; Zikmund et al., 2012). Thus, it is advised that the researcher consider the advantages and disadvantages associated with each particular recruitment approach using convenience sampling (Landers & Behrend,

2015). For behavioural research, it has been suggested that Amazon's Mechanical Turk is an 'ideal' online platform to conduct behavioural experiments (for reviews, see Mason & Suri, 2012; Paolacci & Chandler, 2014).

MTurk is an online crowd-sourcing market that has become an important platform in social science research including charitable giving research (Paolacci et al., 2010, Buhrmester et al., 2011; Rand, 2012; Mason & Suri, 2012; Berinsky et al., 2012; Crump et al., 2013; Paolacci & Chandler, 2014; Shank, 2015; Hauser & Schwarz, 2016; Gandullia & Lezzi, 2018, Gandullia, 2019; Gandullia et al, 2020). The researcher (requester in MTurk) can post their studies (called Human Intelligence Tasks or 'HITs' in MTurk) for potential workers to choose to do for some agreed compensation (Antoun et al., 2016). In MTurk, the workers are unsupervised and anonymous and motivated by financial incentives. Their responses can be judged by the requester which will result in an approval rate that can affect their qualification for participating in future research. Highly evaluated workers may be awarded qualifications such as 'Master' workers. The site has a diverse group of potential participants that can offer potential generalisability of the results to a wider population (Buhrmester et al., 2011; Goodman et al., 2013).

Regarding the representativeness of the MTurk sample, some researchers claim that participants are "at least as representative of the US population as traditional subject pools" (Paolacci et al., 2010, p. 411). Many experimental research rely on the use of undergraduate samples (Peterson, 2001), so web-based samples can provide a broader sample. According to Berinsky et al. (2012), while MTurk respondents are more typical of the US population than in-person convenience samples, they are less representative of the US population than subjects in Internet-based panels or national probability samples. Huff & Tingley (2015) demonstrated that, on average, the estimated difference between the Cooperative Congressional Election Survey (CCES) and MTurk decreased when they subset the data to younger individuals.

Given that the focus of the study is the US general public without exploring any cultural differences in the donor-charity relationship, the researcher decided to limit the participating workers to be located in the US. This is also driven by the shared Western cultural context between the UK and US, and the language requirement as the study was designed in English. To ensure a generally high data quality, I set up a minimum response approval rate for participants who were able to take on this task. In line with past studies (e.g. Bruning et al., 2004), an approval rate of 90% and above is considered a safe line to ensure better quality performance on our online survey, as the approval rate signifies professionalism. I excluded workers who may have potentially seen the study measures, used attention check questions and conducted a careful data check after completing the data collection. To maximise the reliability and generalisability of our results, I used attentiveness checks based on the recommendations of Oppenheimer et al. (2009).

6.4.2 Material and design

The overall structure of the questionnaire was as follows:

- Section 1: Landing page;
- Section 2: Digital consent form;
- Section 3: We-Care Scenario and seven cases;
- Section 4: Manipulation: includes subsections of high trust/low esteem (Section 4.1), low trust/high esteem (Section 4.2), low trust/low esteem (Section 4.3), high trust/high esteem (Section 4.4), and manipulation check questions (donor identity esteem, trust);
- Section 5: Giving amount;
- Section 6: Intimacy;
- Section 7 : Mediators: includes subsections of affective empathy (Section 5.1), charity support importance (Section 5.2), encouragement

and uplifting (Section 5.3), and donor identity reinforcement (Section 5.4);

- Section 8: Commitment;
- Section 9: Conflicting and Difficulty;
- Section 10: Demographics.

Participants were invited to take part in the online experimental study posted on MTurk, which included a link directing participants to a Qualtrics survey. On the landing page (**Section 1**), respondents were welcomed and thanked for participating in the study and were asked to read the instructions carefully for a full understanding of what they were being asked to do. This is particularly important for the data quality of this kind of online, unsupervised study, as the researcher is not able to help participants in terms of understanding the instructions.

Next, a digital consent form (**Section 2**) was presented to explain basic information about the study, the rights of the respondents including the right to withdraw and data protection, and the contact details of the researcher. The respondents had to confirm that they were over 18 and accept the statements.

Participants who agreed to take part in the study first read information about a fictional charity, namely ‘We-Care’, working on the protection of family welfare with a focus on helping children, women, and homeless people. The introduction of We-Care was followed by seven cases about the issues that We-Care could work on (**Section 3**). To get the participants immediately involved in the context, they were asked to rate how important they thought these issues were to them personally after reading each scenario. The seven cases covered a variety of social issues relating to family welfare, such as protecting children from being abused and neglected, raising awareness of domestic abuse, mental health of children, suggesting a digital law to protect children from a sexual and violent online world, children’s safety guide, and prevention of youth

homelessness. This information was derived and adapted from the websites of charities including NSPCC, Shelter, Women's Aid, and Centrepoin.

In **Section 4**, participants were told that "We-Care is a local charity that provides services for all people in your local community, including you, your family and your friends. You have followed We-Care's work for a few years. You are also a donor of We-Care. You have donated to We-Care a few times every year for the past four years." They were then randomly assigned to one of four experimental conditions. They were manipulated to reflect high- and low-trust as well as high- and low-donor identity esteem in a 2 x 2 between subject experimental design (High/Low Trust x High/Low Donor Identity Esteem) by reading one of the following scenarios (shown in Table 6.1).

Table 6.1 The scenarios of four experimental conditions

<p>High Trust/Low Esteem: Nothing has changed since you first got to know them. You trust We-Care deeply. You are confident that We-Care always does whatever they promise. You know they will use the donations wisely. You have experienced how effectively they worked on doing the right thing in the past, and you are certain that they will do the same in the future. But giving to We-Care has never made you feel empowered. You never felt that you had a lot to offer. You didn't feel like you were becoming more and more supportive of them over time. Your relationship with We-Care has never felt an important part of who you are. Helping We-Care is not at the core of your sense of self.</p>	<p>High Trust/High Esteem: Nothing has changed since you first got to know them. You trust We-Care deeply. You are confident that We-Care always does whatever they promise. You know they will use the donations wisely. You have experienced how effectively they worked on doing the right thing in the past, and you are certain that they will do the same in the future. In addition, giving to We-Care has always made you feel empowered. You felt that you had a lot to offer. You felt like you were becoming more and more supportive of them over time. Your relationship with We-Care is a very important part of who you are. Helping We-Care is at the core of your sense of self.</p>
<p>Low Trust/High Esteem: Recently, a new CEO was recruited. News about We-Care has become less positive. You began to doubt whether you can trust We-Care. You cannot be confident that We-Care will now do whatever they promise. You do not know if they will use the donations wisely. Although you have experienced how effectively they worked on doing the right thing in the past, you are no longer certain that they will do the same in the future. You feel bad for them because giving to We-Care has always made you feel empowered. You felt that you had a lot to offer. You felt like you were becoming more and more supportive of them over time. Your relationship with We-Care is a very important part of who you are. Helping We-Care is at the core of your sense of self.</p>	<p>Low Trust/Low Esteem: Recently, a new CEO was recruited. News about We-Care has become less positive. You began to doubt whether you can trust We-Care. You cannot be confident that We-Care will now do whatever they promise. You do not know if they will use the donations wisely. Although you have experienced how effectively they worked on doing the right thing in the past, you are no longer certain that they will do the same in the future. To make matters worse, giving to We-Care has never made you feel empowered. You never felt that you had a lot to offer. You didn't feel like you were becoming more and more supportive of them over time. Your relationship with We-Care has never felt an important part of who you are. Helping We-Care is not at the core of your sense of self.</p>

After reading one of the scenarios, participants answered a series of questions regarding the trust toward the charity and the perceived donor identity esteem (including the subscales importance of donor identity and donor identity membership esteem) as manipulation checks.

Next, participants were asked to imagine themselves attending an event held by We-Care and being asked by a volunteer to make a donation. They answered this question in a slider bar in which the giving amount was set ranging from \$0 to \$500 (**Section 5**).

In addition, participants were asked to report their perceived intimacy level with We-Care (including the subscales of closeness, connectedness and warmth) (**Section 6**). Thereafter, I asked the respondents about their level of affective empathy, the extent to which they feel encouraged and uplifted by the giving decision, the perceived importance of charities' support like We-Care, the extent to which their donor identity was reinforced by giving (**Section 7**) and the level of commitment (**Section 8**).

Considering the respondents allocated to different conditions may be influenced by the scenario in making a pledged donation, I then asked about their perceived level of conflicting feelings about being an imagined We-Care donor, and their perceived level of difficulty in deciding the donation amount (**Section 9**), which will be used as control variables.

After responding to these measures, participants completed some demographic questions including age, gender, ethnicity, relationship status, number of children, and education (**Section 10**).

By completing all the questions presented in the Qualtrics survey, participants received a four-digit code on the final 'thank you' page, and this code was then used to enter into MTurk in order to submit their assignment and get paid. In the next section, the measure instrumentation of each construct will be presented. The same measurements that appeared in the previous study (Study 1) are not listed twice.

6.4.3 Instrumentation

Hypothetical giving amount. After the manipulation check (donor identity esteem and trust), I asked participants to imagine that they are attending an event run by We-Care and a volunteer asks for their donation. The participants were asked to indicate ‘How much would you be likely to contribute (in dollars)’ on a slider bar. Response options ranged from \$0 to \$500.

In study 2, the hypothetical giving amount was used as the measure of donor loyalty. Whereas donor loyalty targets participants about what kinds of frames motivate future intention of supporting a charity, donation amount focuses on whether different frames motivate people to make larger or smaller donations. The linkage between giving amount and donor loyalty is considered since future or hypothetical behaviour reflects donors' past experiences with the charity. Study 2 involves an online experiment in which participants will be asked to read a scenario and imagine themselves as donors to a given charity. In such a scenario, it is more reasonable to ask participants to make an immediate giving decision (i.e., ‘how much would you like to donate’) based on the hypothetical scenarios instead of asking participants to self-report their future giving intentions given the lack of actual past experiences. Previous research has found that trust and commitment lead to both giving intention (Naskrent & Siebelt, 2011; Sargeant & Woodliffe, 2007) and giving behaviour (Sargeant, Ford, & West, 2006; Sargeant & Lee, 2004), and that a change in giving intention can lead to a change in giving behaviour (Webb & Sheeran, 2006). In addition, with the aim of better understanding the mechanism underlying the effects of trust on donor loyalty through relevant attitudinal constructs, the use of hypothetical giving amount as a measure of donor loyalty was a supplement to previous findings. It allowed the researcher then to assess the convergence of behavioural intention and self-reported measures of charitable giving and the robustness of the findings.

To operationalise, I used a numeric scale (i.e. \$0-\$500) rather than seven-point scale (i.e. 1 = very unlikely, 7 = very likely) because numeric scale is considered more statistically sensitive in experimental conditions. Likert-scale responses could potentially be interpreted in participants' mind as 'balanced' or 'unbalanced' measures, whether or not there is an equal distance between each of the adjacent choices (Bishop & Herron, 2015). For example, I might expect respondents to be very sensitive to the difference between 6 (likely) and 7 (very likely) as being a larger difference than the difference between 1 (very unlikely) and 2 (unlikely), especially when people tend to say 'soft no' to make themselves feel better. In contrast, a numeric measure is easier for respondents to reflect the actual giving intention in a given scenario.

Affective empathy. Affective empathy was operationalised in this context as one's ability to think from a distressed other's point of view, and the capacity to experience affective reactions to the experience of distressed others. The affective empathy scale was measured on a three-item scale adapted from Swart et al. (2011). I asked the respondents to indicate the extent to which they agreed or disagreed with the following statements: 'If I heard that a person was upset, and suffering in some way, I would also feel upset'; 'If I saw a person being treated unfairly, I think I would feel angry at the way they were being treated'; and 'If I saw a person being treated unfairly, I think I would feel angry at the way they were being treated'. Response options ranged from 1 = *strongly disagree* to 7 = *strongly agree*.

Engagement & Uplifting. Engagement and uplifting were measured on an eight-item scale adapted from Shang et al. (2017). I asked participants to rate how they felt after making the hypothetical donation decision: encouraged, invigorated, heartened, uplifted, discouraged, disappointed, disheartened or let down. The words were presented in a random order. Response options ranged from 1 = *not at all* to 7 = *very much*.

Charity support importance. Charity support importance was assessed on a four-item scale adapted from Lichtenstein et al. (2004). Participants were asked to what extent they agreed or disagreed with the following statements: ‘I could see myself giving to support non-profits like We-Care that help people in need to have a better life’; ‘Non-profits like We-Care that have the goal of helping people in need make this world a better place to live’; ‘Supporting non-profits like We-Care that help people in need to have a better life is important to me’; and ‘I can identify with non-profits that have the goal of helping people in need’. Response options ranged from 1 = *strongly disagree* to 7 = *strongly agree*.

Donor identity reinforcement. Donor identity reinforcement was assessed on a four-item scale adapted from the moral identity reinforcement from Shang et al. (2018). Participants were asked to what extent they agreed or disagreed with the following statements: ‘Every time I make a charitable donation, I feel even better about being a charity supporter’; ‘Making as many donations as I can makes me feel like a good charity supporter’; ‘Giving as much as I can is central to my sense of being a good charity supporter’; and ‘The number of ways that I support a charity is a good indicator of how important being a supporter of that charity is to me’. Response options ranged from 1 = *strongly disagree* to 7 = *strongly agree*.

6.4.4 Pre-test and pilot study

Before the main experiment was conducted, in-house pre-tests and a pilot study were conducted. The term ‘pre-test’ refers to the activities designed to assess the appropriateness of experimental material and procedures. The term ‘pilot test’ applies to the procedures involving collecting data from a smaller number of respondents that are similar to the target respondents with the same characteristics of those that will be used in the main study (Zikmund et al., 2012).

Phase 1. Pre-test

The purpose of the pre-test is to check the understanding of the questions, experimental structure, wording, questionnaire design and logic, and estimated completion time. Initially, the draft of the questionnaire was checked by colleagues in Hartsook Centre for Sustainable Philanthropy, who are academics with rich experience in testing and proofreading experimental studies. This step was necessary because it ensures that:

- 1) the survey instructions were clear, explicit and accurate;
- 2) the content of the survey was clear and with no grammatical and spelling mistakes;
- 3) the designed survey logic, randomisation, and precoding were exact;
- 4) the questions had the meaning they intended to have; and
- 5) the created fictional scenarios were comprehensible.

The pre-test survey links were sent to the in-house team on 29th January 2017. After two days, all feedback was received. Based on the feedback, the researcher adjusted some questions' wording and force-response function for each question accordingly. In addition, the time estimated for completion of the survey was suggested to be 10-15 mins, approximately. Therefore, the experimental material was properly checked and ready for a pilot study.

Phase 2. Pilot test

Preparation

The pilot test is a rehearsal of the main experiment (Kothari, 2004). A pilot study is useful to ensure the clarity of the study materials and to refine the study instrument and procedures (Kalof et al., 2008). The purpose of this pilot test was to check both the experiment content and the procedure of conducting the experiment, from posting it on MTurk for recruiting participants, to the end of data collection for approving

participants' responses and making payments. In addition to the issues concerned in the pre-test, the pilot test additionally addresses some other issues, ensuring that:

- 1) the process of posting the HIT on MTurk, batch processing the assignment approval, and making payments was undertaken smoothly;
- 2) the cost and time for collecting data were appropriate;
- 3) a sufficient sample size for the main experiment can be determined based on evidence;
- 4) a clear strategy for data cleaning was identified; and
- 5) the manipulation and confounding are checked and lessons can be learned for refining in the main experiment.

Particularly for experimental research, Perdue and Summers (1986) highlight the importance of running a pilot test or a pre-test for manipulation and confounding checks before the main experiment, as follows:

'Manipulation and confounding checks appear to have their greatest value during the pretest and/or pilot testing phases of an experiment when an inadequately designed manipulation can still be modified and the main experiment saved (Aronson and Carlsmith, 1968; Wetzel, 1977)... the cost to the researcher associated with a negative result at this stage (i.e. the time and effort involved in refining the manipulation and running an additional pretest or pilot test) is relatively small)'Fortunately, extensive testing of the manipulations in the pretest and/or pilot testing phases will lessen the need for manipulation and confounding checks in the main experiment.' (Perdue & Summers, 1986, p.319).

As Perdue and Summers (1986) noted, the initial design of an experiment may require several revisions before the main experiment is run. Previous lab studies in researching donor behaviour have also pre-tested their questionnaires with MTurk participants, from which the author gained experience. In light of previous lab studies

and the need for manipulation and confounding checks, our pilot study recruited 40 participants from MTurk.

Cost is also an important factor that the researcher must consider when undertaking the pilot study, because it will directly affect how many data records can be collected within the budget. The cost is often a disadvantage of the experimental survey (Saunders et al., 2015), although MTurk provided a relatively cost-effective platform (Mason & Suri, 2012). By scanning the social science research posted on MTurk, the majority of the costs for a 15-min study ranged between \$0.20 and \$1.50. In line with the trend, I proposed a payment \$0.70 for completing the HIT. The total cost for recruiting 40 participants was \$39.20, including \$28 paid to the participants and \$11.20 paid to MTurk as a service fee.

Procedure

The researcher posted a HIT that required workers to complete a Qualtrics hosted survey in exchange for \$0.70 on 18th February 2018 on MTurk. The HIT was titled “Human Psychology Research ~15 mins” and described as “*We will present a few cases about a charity to you and then ask you questions about how you feel.*” The keywords of this study were posted as “*research, psychology, charity*”. I limited the qualification of workers to be located in the US and have a HIT approval rate greater than 90%. The survey instructions read as follows:

“Thank you for your interest in taking part in our study! Please click the link below to complete the survey. At the end of the survey, you will receive a code to paste into the box below to receive credit for taking our survey.

Make sure to leave this window open as you complete the survey. When you are finished, you will return to this page to paste the code into the box.

**Please note, you may only complete this HIT ONCE. Completing multiple assignments will NOT result in multiple rewards. You must complete the*

ENTIRE assignment and enter the survey code correctly in order to receive the reward. Though some questions will ask you about your opinions, other questions have clear right or wrong answers to ensure that you are paying attention. You must answer these correctly in order to receive a reward.

Survey link ([hyperlink](#))”

The completion of the pilot study took about one hour to collect 40 responses. Once the data were collected, the researcher checked the answers to ensure that all the questions were answered. This also allowed the researcher to check whether the data met the researchers’ requirements before accepting respondents’ work. This ensured that the quality of the data was satisfactory. Only once the checks had been performed and the responses were accepted were the responses approved. If the responses were rejected, it would result in a downwards grading of the workers’ reputation on MTurk, which in turn can limit their capability to participate in certain tasks in the future. For this pilot study, all the participants were issued approval and a qualification named ‘Super 1’, which indicated that they had participated in this pilot study.

Outcome

Based on the final results of the pilot study, I confirmed the appropriateness of the procedure and study material, and several issues were resolved.

(1) Criteria for retained data

As one of the purposes for the pilot study, I examined the data quality of the experiment conducted on MTurk and decided the criteria for whether a response should be retained for analysis. The criteria were based on:

- 1) the reasonableness of completion time,
- 2) the accuracy of the attention check questions,
- 3) the overlap in geographic location/IP address,

4) selection of 'prefer not to say' in the gender question.

First, among the 40 responses, the average time for completion was 460 seconds and the median was 378 seconds. Based on the researcher's personal test, it is believed that it would not be possible to read all the content properly within this time scale, especially the scenario cases in the experiment and completion of the survey. Therefore, I decided that any responses completed in less than 200 seconds should be removed from the final analysis. Second, I removed the responses with incorrect answers to any of the attention check questions. Third, I removed the responses with a shared IP address, longitude and latitude geographic locations which were potential responses answered several times by one person. No responses with similar geographic locations/IP addresses were found within the pilot study responses. Fourth, I removed responses with the 'prefer not to say' option selected in the gender question because these cannot be generalised. Again, no participants selected 'prefer not to say' in the gender question. Therefore, in total, seven invalid responses were removed and 33 responses remained for the analysis.

(2) Manipulation check

I followed Miniard and Cohen's (1979) method as recommended by Perdue and Summers (1986) for undertaking the manipulation checks. One-way ANOVA was conducted after assessing the construct validity and reliability. According to Haslam and McGarty (2014), ANOVA, or analysis of variance, is an informative approach to compare the differences between groups and whether such differences are significant. The analysis of the manipulation check showed that the prime for trust seems successful, as the reported trust score in high trust conditions ($M = 5.16$, $SD = 1.79$) is obviously higher than those in low trust conditions ($M = 3.98$, $SD = 1.28$, $F(1,31) = 1.70$, $p = .20$), although the p value (.201) is not small enough to confirm the significance in the conditions of the given sample size ($N=33$). The prime of donor identity esteem also seems to work but not as effectively as the manipulation of trust. People reported higher

donor identity esteem scores in high esteem conditions ($M = 4.83$, $SD = 1.53$) than in low esteem conditions ($M = 4.00$, $SD = 1.75$), but the difference was not significant ($F(1,31) = .75$, $p = .40$). To confirm whether it was influenced by how long a person spends on the survey, I further split the file by completion time – below 400 seconds and above 400 seconds. I compared the means of trust and donor identity esteem between the low completion time group (below 400s) and the high completion time group (above 400s). The one-way ANOVA results showed that the responses with a relatively low completion time did not show a significant effect on the manipulations; however, for the responses with a relatively high completion time, the manipulation of trust works ($M_{\text{high trust condition}} = 6.33$, $SD_{\text{high trust condition}} = 1.03$, $M_{\text{low trust condition}} = 4.00$, $SD_{\text{low trust condition}} = 0.65$, $F(1,13) = 4.22$, $p < 0.1$) while the manipulation of donor identity esteem does not work ($M_{\text{high esteem condition}} = 4.68$, $SD_{\text{high esteem condition}} = 1.54$, $M_{\text{low esteem condition}} = 4.78$, $SD_{\text{low esteem condition}} = 1.31$, $F(1,13) = 0.30$, $p = 0.59$). Therefore, I considered that the manipulation of donor identity esteem may need a longer psychological process to grow, so that modification of the survey was needed before conducting the main experiment. To address this issue, I moved the scenario of introducing a fictional local charity to the front position before seven We-Care cases were introduced. On the same page, I also told people who they had been supporting the charity for four years before knowing what the charity actually does from the cases. Thus, this should give participants a longer time and a clearer and purposive context to build their donor identity in the given period of time. Therefore, after reading the seven cases, their donor identity esteem should be primed.

I further compared the average time people spent on completion of the four conditions and found that when people were manipulated in a low trust/high donor identity esteem condition, they took much longer to respond. This was especially true when I asked them to make a donation; this could imply that people may feel conflicted about

imaging themselves in such a situation, or it may be more difficult to make a giving decision, which is why they took longer to think about it. Taking this point into consideration, I therefore added two questions as control variables that measured **how conflicted they felt about the scenario** and **how difficult it was for them to make a giving decision**.

So far, I were more aware of the manipulation and confounding in the study and more confident about the success of the main experiment after modification.

(3) Sample size determination

Finally, based on the above analysis, I used G*Power software to calculate the minimum sample size required, just as in Study 1. Considering that the manipulation check was worse in donor identity esteem than trust, I used the means and standard deviation of donor identity esteem in the estimation. As shown in Figure 6.2, a minimum of 216 samples were required. I finally decided to collect 600 data points in the main experiment.

Figure 6.2 Protocol of power analysis using G*Power for the pilot study of Study 2

[1] -- Thursday, April 26, 2018 -- 19:51:15

t tests - Means: Difference between two independent means (two groups)

Analysis: A priori: Compute required sample size

Input:	Tail(s)	=	Two
	Effect size d	=	0.4949287
	α err prob	=	0.05
	Power (1- β err prob)	=	0.95
	Allocation ratio N2/N1	=	1
Output:	Noncentrality parameter δ	=	3.6369683
	Critical t	=	1.9711113
	Df	=	214
	Sample size group 1	=	108
	Sample size group 2	=	108
	Total sample size	=	216
	Actual power	=	0.9516066

6.4.5 Main experiment

The main experiment was conducted on 18th February 2018. The procedure of administering the study was the same as the previous pilot study, but with modified study material. Six hundred respondents were recruited from MTurk, while 604 fully completed responses were collected (four additional responses were due to the late submission of the 4-digit code after 600 assignments were reached). Similar to the pilot study, the HIT was visible only to workers with an approval rate greater than 90% and who were located in the U.S, with exclusion of workers who were not assigned a qualification indicating the participation of the pilot study. A qualification called ‘Super 1’ was assigned to the workers who completed the pilot study. MTurk workers were compensated \$0.70 for their completed survey. The average time taken to complete the survey was 11 minutes, making it an effective hourly rate of \$3.82. Considering the limited budget for running a paid study, the researcher realised that this payment could work effectively for data collection purposes but should be raised in future studies as it was much lower than the US’ minimum wage (around \$7.25 in 2017, based on the conditions in different states⁴). Based on the consent and ethics requirement, all the responses were approved and all participants were paid.

⁴ The information of the minimum wage of US in 2017 was found here:
<https://paywizard.org/main/salary/minimum-wage>

Data cleaning and descriptive analysis

Based on the criteria developed from the pilot study, 100 responses were removed from the overall data set, including:

- 15 responses with a completion time of less than 200 seconds;
- 34 responses that failed at least one of the three attention check questions;
- 47 responses that had shared longitude and latitude;
- 6 responses that selected ‘prefer not to say’ in the gender question.

Two of the above responses overlapped, which finally resulted in 504 responses remaining for the analysis.

6.4.6 Approach to data analysis

The data analysis approach followed the method of approaching data analysis, presented in Study 1, Section 6.6 in terms of data screening and descriptive analysis and conditional process analysis. Contrary to the earlier analysis for Study 1, Study 2 employed a customised process model to analyse the data and test the hypotheses, and it also involved the calculation of partial conditional indirect effects in the whole model which have not been discussed. Therefore, the following section focuses on discussing the approach to actualising these two points.

Customising the conditional process model

Similar to Study 1, the hypotheses presented in the theoretical framework were tested by a conditional process analysis using Hayes’ (2017) PROCESS macro 3.0 package for SPSS (for details about conditional process analysis and PROCESS, see Section 6.6.2). In brief, conditional analysis is the integration of the mediation and moderation analysis. For this study, I used this method to explore the mediation paths from trust to giving amount through intimacy and commitment including the mediation paths of the effect of intimacy on commitment through a set of mediators (affective empathy,

encouragement and uplifting, charity support importance, and donor identity reinforcement), contingent on donor identity esteem. This results a moderated mediation model with one totally dependent variable (Y), one independent variable (X), six mediators (M1-M6), and one moderator (W). PROCESS v3.0 allows the researcher to test complicated relationships using one model by customising the construct rather than having to rely on one of the pre-programmed models built into PROCESS (for a detailed introduction of constructing and customising models in PROCESS, see Hayes, 2017, Appendix B).

The customised model was programmed based on a matrix presentation of the mediation process and the moderation paths. According to Hayes (2017), a **bmatrix** statement specifies which paths in the mediation process are estimated (fixed to 1) and which are not (fixed to 0). Thus, PROCESS can read the listed 0s and 1s and calculate the effects of the estimated paths (the paths fixed to 1). The rule of reading the cells in the matrix is left to right, top to bottom, and listing out the 0s and 1s as they are encountered, skipping the cells with black squares. For the current study, if I use a matrix to present mediation of the tested model (Table 6.2), the bmatrix statement can be written as:

bmatrix = 1,0,1,0,1,0,0,0,1,1,0,0,1,1,1,1,0,0,1,1,1,0,0,0,0,1

Table 6.2. The hypothesised model presented as a B matrix

	Trust (X)	Intimacy (M1)	Affective empathy (M2)	Encouragement & Uplifting (M3)	Charity Support Importance (M4)	Donor identity Reinforcement (M5)	Commitment (M6)
Intimacy (M1)	1	■	■	■	■	■	■
Affective empathy (M2)	0	1	■	■	■	■	■
Encouragement & Uplifting (M3)	0	1	0	■	■	■	■
Charity Support Importance (M4)	0	0	1	1	■	■	■
Donor identity Reinforcement (M5)	0	0	1	1	1	■	■
Commitment (M6)	1	1	0	0	1	1	■
Giving amount (Y)	1	1	0	0	0	0	1

This model of Hayes (2017) also points out that programming a model using a **bmatrix** statement should meet the following requirements:

- The model must be recursive, meaning that there are no feedback loops or bidirectional causes.
- The model cannot have more than six mediators.
- All variables must send at least one effect.
- All variables must receive at least one effect.
- All variables specified as mediators in the PROCESS command must both send and receive at least one effect.
- The **bmatrix** option must contain only zeros and ones following an equal sign and separated by commas in SPSS.
- With k mediators, the **bmatrix** option must contain a sequence of $0.5(k + 1)(k + 2)$ 0s and 1s.

Using a similar method, the moderations can also be specified using a **wmatrix** statement. A **wmatrix** allows the researcher to specify moderations on any one or more

of the paths in the mediation component of the model, up to two moderators (Hayes, 2017). A wmatrix statement also uses a sequence of 0s and 1s and follows the same rules as the bmatrix statement. For the current study, I only have one moderator – donor identity esteem – moderating all paths in the mediation model. Using a matrix to present moderation of the tested model, the wmatrix statement can be written as:

wmatrix=1,0,1,0,1,0,0,0,1,1,0,0,1,1,1,1,0,0,1,1,1,1,0,0,0,0,1

Eventually, the final process model was written in the following code (Figure 6.3).

Figure 6.3 Coding for testing the hypothesis for Study 2

```

564 process y=Q35_1_amount
565 /m=intimacy affemphathy emotion charityimp reinforcement commitment
566 /x=trust
567 /w=Identity
568 /cov=Q44_age Q45_gender caucasian children married collegedegree postgraddegree Q51_1_conflicting Q52_1_difficulty
569 /bmatrix=1,0,1,0,1,0,0,0,1,1,0,0,1,1,1,1,0,0,1,1,1,1,0,0,0,0,1
570 /wmatrix=1,0,1,0,1,0,0,0,1,1,0,0,1,1,1,1,1,0,0,1,1,1,1,0,0,0,0,1
571 /center=1
572 /plot=1
573 /jn=1.

```

where:

‘y =’ indicates dependent variable; ‘m=’ indicates mediator variable; ‘x=’ independent variable; ‘w’ indicates moderator variable; ‘cov=’ indicates covariates; ‘center = 1’ indicates mean-centring performed; ‘plot=1’ indicates the dataset for plotting significant interaction is generated, ‘jn=1’ indicates the Johnson- Neyman technique is performed.

Calculation of conditional direct and indirect effects

The conceptual framework was formed with two parts in order to meet two objectives: the overall model was built to verify the findings of Study 1, and the mediation block model is built for exploring the moderated mediation effects of intimacy on commitment through two pathways (see section 6.3.2). In meeting these two objectives, especially the latter, I employed the **Save** option (see detailed explanation in Hayes, 2017, p.573-574) in PROCESS which provides all bootstrap estimations and enables calculation of any indirect effects in the model. There was a necessity to use the Save option in this study because the output of any PROCESS model only provides the direct and indirect effects from independent variable trust to dependent variable loyalty, but does not provide the partial indirect effects within the model (e.g. any indirect effects from intimacy to commitment through mediators). Therefore, for this study, I explored

the use of the Save option to estimate the conditional indirect effect of intimacy on commitment through mediators.

According to Hayes (2017), the bootstrap estimates of all regression coefficients can be saved for further examination or additional analysis. By using the 'save=1' option, PROCESS will produce a new data file in the SPSS session with as many rows as bootstrap samples requested, and as many columns as regression coefficients in the model being estimated. By using the 'save=2' option, the researcher can identify each variable produced in the Save 1 file.

Using the parameters produced in the Save 1 file with supported information from the Save 2 file, the researcher can calculate the effect size of a specific indirect effect (i.e. the indirect effect from intimacy → affective empathy → charity support importance → commitment) by creating a new variable. It can then generate a histogram of the resulting product in which the 5% and 95% confidence interval can be identified. If 0 is not included in the confidence intervals, the effect is significant. To test whether the conditional indirect effect is significant in different levels of the moderator or not, multiple histograms were generated. For this study, I tested the conditional indirect effects of intimacy on commitment through affective empathy, encouragement and uplift, charity support importance, donor identity reinforcement contingent on the levels of donor identity esteem (16%, 50%, 84%) using the Save option method.

6.5 Chapter Summary

This chapter presented the research design and the methods employed in Study 2. It reviewed the relevant literature and proposed hypotheses. It then addressed the process of sampling, questionnaire development and administration, as well as data analysis approaches. As an experiment conducted on the online crowdsourcing platform MTurk, the use of MTurk was evaluated. The pre-test and pilot study conducted before the

actual experiment were justified. Finally, this chapter also illustrated the procedure for constructing the customised PROCESS model and the method used for calculating the conditional indirect effects of intimacy on commitment through four mediators. Given the customised process model is seldom published, one contribution of this study is to illustrate the detailed procedure of my model building and data analysis.

CHAPTER SEVEN: STUDY 2 – FINDINGS AND DISCUSSION

7.1 Introduction

This chapter presents the findings of Study 2. It first examines the profile of the responses by presenting descriptive statistics, and then moves to descriptive analysis assumption check, and manipulation check. Next, this chapter first presents the verification of the findings of Study 1 and then tests the hypotheses proposed for study 2. At the end of the chapter, a discussion is provided.

7.2 Profile of the participants

An overview of participants' demographics is presented in Table 7.1. In total, 604 MTurk workers participated in this study. After data cleaning, 504 responses remained with 59% female, 47% married or in a civil partnership, 82% Caucasian, 72% with a college degree or above, 56% more than one child, and the mean age was 40.6 years (Std Dev = 12.7). The demographics of the respondents are generally comparable with other MTurk studies (e.g. Zhou et al., 2018). As such, it is argued that this sample represents a cohesive group of general public members in the US.

Table 7.1 Demographic statistics of Study 2 sample (N=504)

Gender	Frequency	Percentage
Male	206	41%
Female	298	59%
Age		
18-24	33	6.6%
25-34	166	33.2%
35-44	130	26%
45-54	85	17%
55-64	14	14%
65-74	18	3.6%
75 and above	2	0.4%
Relationship Status		
Married/civil partnership	235	46.6%
Currently in relationship	116	23%
Single	153	30.4%
Prefer not to say	4	0.8%
Ethnicity		
Caucasian	412	81.7%
African-American	34	6.7%
Asian/Pacific Islander	28	5.6%
Hispanic	19	3.8%
Native American	4	0.8%
Middle Eastern	1	0.2%
Other	6	1.2%
Education		
Below college degree	135	26.8%
College degree	275	54.6%
Postgraduate degree	89	17.7%
Prefer not to say	5	1.0%
Number of Children		
None	217	43.1%
1	94	18.7%
2	104	20.6%
3	54	10.7%
4 and more	34	6.7%
Prefer not to say	1	0.2%

7.3 Descriptive analysis and assumption check

The descriptive analysis (including mean and standard deviation) and the Cronbach's alpha are provided in Table 7.2. Excluding giving amount, the results of Cronbach's alpha of all other variables were above 0.8, indicating good internal consistency of the constructs (Churchill, 1979). The assumption check of normality can be seen in Appendix 8.

Table 7.2 Study 2 descriptive analysis and reliability test for the constructs

Variables	Interpretation	Value meaning	Mean	SD	Cronbach's a
Dependent variable (Y)					
Hypothetical Giving amount	The gift amount the respondent pledged to donate to We-Care	Continuous variable	73.248	92.480	NA
Antecedent variable (X)					
Trust	Respondents' confidence in the charity's reliability and integrity	Likert Scale 1("strongly disagree") to 7 ("strongly agree")	4.872	1.572	0.977
Mediators					
Intimacy (M1)	Respondents' integrated feeling of connectedness, closeness, and warmth that a donor perceived about a charity.	Likert Scale 1("strongly disagree") to 7 ("strongly agree")	4.658	1.555	0.961
- Connectedness	Respondents' perceived strength of emotional connection and attachment with a charity	Likert Scale 1("strongly disagree") to 7 ("strongly agree")	4.571	1.680	0.975
- Warmth	Respondents' perceived warm feeling about a charity	Likert Scale 1("strongly disagree") to 7 ("strongly agree")	4.800	1.539	0.957
- Closeness	Respondents' perceived psychological distance between self and the charity.	Graphic IOS scale 1 (two circles without overlap and having a gap) to 9 (two circles completely overlap)	4.490	2.064	NA

Affective empathy (M2)	The ability of respondents to engage in the cognitive process of adopting another's psychological point of view, and the capacity to experience affective reactions to the observed experience of others	Likert Scale 1("strongly disagree") to 7 ("strongly agree")	5.382	1.051	0.842
Encouragement & Uplifting (M3)	How encouraged and uplifted the respondent feels after making a pledged donation	Likert Scale 1("strongly disagree") to 7 ("strongly agree")	5.234	1.253	0.894
Charity support importance (M4)	Respondent's belief about the importance of giving money to supporting charity working in certain cause	Likert Scale 1("strongly disagree") to 7 ("strongly agree")	5.644	1.021	0.916
Donor identity reinforcement (M5)	Respondents' own beliefs concerning how good and important they feel about being a charity donor	Likert Scale 1("strongly disagree") to 7 ("strongly agree")	5.006	1.188	0.897
Commitment (M6)	Respondent's genuine beliefs or passion for the cause that the charity works on.	Likert Scale 1("strongly disagree") to 7 ("strongly agree")	5.163	1.377	0.929
Moderator					
Donor identity esteem (W)	Respondents' judgement of how good and important as being a donor of the charity	Likert Scale 1("strongly disagree") to 7 ("strongly agree")	4.822	1.607	0.924
- Importance of donor identity	The importance of a respondent's donor identity to one's self-concept	Likert Scale 1("strongly disagree") to 7 ("strongly agree")	4.950	1.596	0.901
- Donor identity membership esteem	Respondents' judgments of how worthy they are as donor members of the charity	Likert Scale 1("strongly disagree") to 7 ("strongly agree")	4.694	1.771	0.865

Control variables (Covariates)*Demographic variables*

Age	Age of respondent	Continuous variable(ranging from 19 to 82)	40.621	12.708	NA
Gender	Gender of respondent	Male = 1, Women = 2	1.590	0.492	NA
Married	Whether a respondent is married	Married = 1, otherwise = 0			NA
College degree	Whether a respondent has a college degree	College degree = 1, otherwise = 0	0.722	0.448	NA
Postgraduate degree	Whether a respondent has a postgraduate degree	Postgraduate degree = 1, otherwise = 0	0.177	0.382	NA
Caucasian	Whether a respondent is a Caucasian	Caucasian = 1, otherwise = 0	0.818	0.387	NA
Children	Whether a respondent has one or more children	Having child= 1, otherwise = 0	0.568	0.496	NA

Conflicting and difficulty

Conflicting	How conflicting was it for a respondent to imagine being a We-Care donor	Likert Scale 1('Not conflicting at all') to 7 ('Very conflicting')	2.780	1.886	NA
Difficulty	How difficult was it for a respondent to decide the donation amount?	Likert Scale 1('Very easy') to 7 ('Very difficult')	2.900	1.776	NA

N=504

7.4 Manipulation check

I conducted t-tests to examine whether trust and donor identity esteem were successfully manipulated in the experiment (Haslam & McGarty, 2014). The analysis confirmed that donors in high trust conditions reported significantly greater levels of trust towards We-Care ($M = 5.95$, $SD = 0.92$) than those in the low trust condition ($M = 3.77$, $SD = 1.32$, $F(1,502) = 46.17$, $p < .001$). The analysis also confirmed that donors in high donor identity esteem conditions reported greater levels of donor identity esteem ($M = 5.90$, $SD = 0.89$) than those in the low donor identity esteem conditions ($M = 3.76$, $SD = 1.45$, $F(1,502) = 78.45$, $p < .001$). These results suggest the success of both manipulations.

To further examine whether the manipulation makes a difference to the dependent variable, I conducted a 2 (high trust vs. low trust) x 2 (high donor identity esteem vs. low donor identity esteem) ANOVA using giving amount as the dependent variable (Haslam & McGarty, 2014). The analysis also revealed a significant main effect for high trust ($F(1, 503) = 25.70$, $p < .001$), a significant main effect for high donor identity esteem ($F(1, 503) = 24.210$, $p < .001$), and a nonsignificant interaction ($F(1, 503) = .015$, $p = .90$), suggesting that the manipulation does make a difference in influencing individuals' giving decisions. Additionally, Table 7.3 shows the descriptive statistics of the average giving amount in each of the four conditions and the results of the homogeneity test, suggesting that respondents pledged to donate most when they were in high-trust high-donor identity esteem conditions, while they pledged to donate least when they were in low-trust low-donor identity esteem conditions. The results of Levene's Test of Equality of Error Variances show that the differences in giving amount in different conditions are significant ($F(3,500) = 15.493$, $p < .001$), so the null hypothesis (dependent variable is equal across groups) was rejected.

Table 7.3 Descriptive statistics of the average giving amount

Identity High 1 low 0	Trust High 1 low 0	Mean of giving amount	Std. Deviation	N
0	0	34.29	43.51	125
	1	73.26	95.35	129
	Total	54.08	76.87	254
1	0	72.09	88.09	124
	1	113.02	111.70	126
	Total	92.72	102.56	250
Levene's Test of Equality of Error Variances: $F(3,500) = 15.493, p < .001$				
Dependent variable: giving amount (dollars). N=504				

7.5 Hypotheses testing

In this section, I will first report the results of a set of analyses conducted to verify the findings of Study 1. Then, I will report the results concerning hypotheses proposed particularly in Study 2.

7.5.1 Confirming the findings of Study 1

In line with Study 1, hierarchical regression and process analysis were conducted to test 1) the positive effect of intimacy on giving amount independent of trust and commitment, 2) the mediating role of intimacy in mediating the effects of trust on commitment and on giving amount, and 3) the moderating role of donor identity esteem, specifically moderating the effect of trust on intimacy and the effect of commitment on donor loyalty positively, while moderating the effect of intimacy on commitment and on giving amount negatively.

I first conducted a hierarchical regression to investigate whether intimacy has a positive effect on giving independent of trust and commitment. It included the demographic variables age (continuous ranging from 19 to 82), gender, married status, college degree, and postgraduate degree in Block 1, trust and commitment in Block 2, and intimacy in Block 3. The results of the regression analysis are presented in Table 7.4. The result showed a positive effect of intimacy on giving amount ($b = 11.772, p < .001$) and a

significant increase of the variance ($\Delta R^2_{\text{block 3} \rightarrow \text{block 2}} = .011, p < .01$) after adding intimacy into the model, lending support to H1.

Table 7.4 Results of Hierarchical regression analysis predicting giving amount

Model		Coefficient	SE	LLCI	ULCI
1	(Constant)	79.035***	20.419	38.917	119.152
	Age	-0.636	0.327	-1.278	0.006
	Gender	5.904	8.373	-10.546	22.355
	Married	13.548	8.394	-2.945	30.04
	College degree	4.074	9.654	-14.894	23.042
	Postgraduate degree	7.847	11.337	-14.427	30.121
2	(Constant)	-66.087**	22.686	-110.661	-21.514
	Age	-0.79**	0.294	-1.368	-0.212
	Gender	-3.575	7.59	-18.488	11.338
	Married	10.104	7.567	-4.763	24.97
	College degree	9.898	8.714	-7.222	27.018
	Postgraduate degree	13.555	10.207	-6.499	33.609
	Trust	13.53***	2.742	8.142	18.918
	Commitment	18.779***	3.167	12.557	25.002
3	(Constant)	-60.199**	22.659	-104.719	-15.679
	Age	-0.778**	0.292	-1.352	-0.203
	Gender	-2.812	7.55	-17.646	12.022
	Married	8.764	7.538	-6.046	23.575
	College degree	9.075	8.667	-7.953	26.104
	Postgraduate degree	15.024	10.161	-4.939	34.987
	Trust	10.639***	2.936	4.871	16.408
	Commitment	9.645*	4.668	0.474	18.817
	Intimacy	11.722**	4.423	3.031	20.413

Note: *** indicates $p < .001$, ** indicates $p < .01$. * indicates $p < .05$. LLCI = lower level of the 95% confidence interval, ULCI = upper level of the 95% confidence interval. Coefficients are unstandardized and can be interpreted as a percentage scored on the test. Bolded confidence intervals indicate the significance of the effects. Adjusted R^2 in Block 1 = .006, adjusted R^2 in Block 2 = .196, $\Delta R^2_{\text{block 2} \rightarrow \text{block 1}} = .192$ ($p < .001$), adjusted R^2 in Block 3 = .206, $\Delta R^2_{\text{block 3} \rightarrow \text{block 2}} = .011$ ($p < .01$). N=504.

The mediating role of intimacy

A process analysis was conducted to examine the mediating role of intimacy in mediating the effect of trust on commitment and on giving amount. A PROCESS model (Model 6) was completed to examine the direct and indirect effects of trust on giving amount through intimacy and commitment. It includes trust as the independent variable, giving amount as the dependent variable, and intimacy and commitment as mediators sequentially. The bootstrapping analysis was completed with 5000 resamples.

The results are presented in Table 7.5. The total indirect effect of trust on giving amount is significant through intimacy and commitment ($b = -.0356$, $p = .6228$, 95% CI from $-.178$ to $.107$), lending support to H2. In line with Study 1, intimacy is found to mediate the effect of trust on giving amount ($b = .166$, 95% CI from $.086$ to $.239$). Intimacy and commitment together mediate the effect of trust on giving amount ($b = .099$, 95% CI from $.043$ to $.173$). However, our results did not support that commitment mediates the effect of trust on the giving amount, which is possibly due to the change in the measurement of the dependent variable.

Table 7.5 Results of mediation model for testing H4

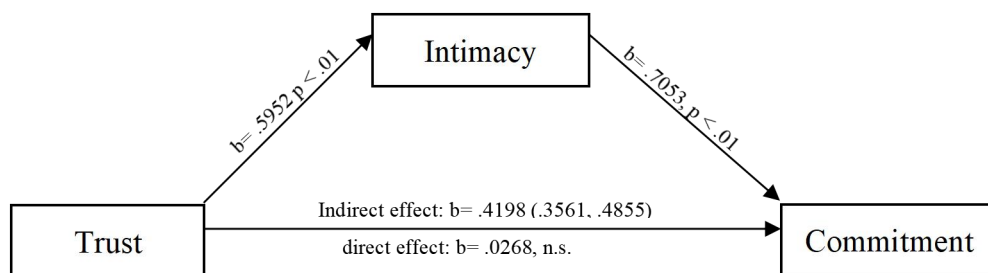
	Coefficient	SE	LLCI	ULCI
Direct effects				
Predicting Intimacy ($R^2 = .3617$, $p < .001$, $MSE = 1.5474$, $F(1,502) = 284.4126$)				
Constant	1.7586***	.1806	1.4036	2.1135
Trust	.5952***	.0353	.5259	.6646
Predicting commitment ($R^2 = .6671$, $p < .001$, $MSE = .6338$, $F(2,501) = 501.9213$)				
Constant	1.7379***	.1261	1.4902	1.9855
Trust	.0286	.0283	-.0270	.0841
Intimacy	.7053***	.0286	.6492	.7615
Predicting giving amount ($R^2 = .1973$, $p < .001$, $MSE = 6906.4662$, $F(3,500) = 40.9605$)				
Constant	-77.8603***	15.4542	-108.2234	-47.4973
Trust	10.2027***	2.9542	4.3985	16.0068
Intimacy	12.1771**	4.4398	3.4542	20.9000
Commitment	8.6550	4.6637	-.5079	17.8179
Indirect effects				
Through Intimacy	7.2480	2.3982	2.6751	12.1747
Through Commitment	.2474	.3303	-.3328	.9907
Through Intimacy + Commitment	3.6336	1.5605	.4919	6.7117
Total indirect effect	11.1290	1.8541	7.6874	15.0806
Total effect of trust on donor loyalty	21.3316***	2.4479	16.5223	26.1409

Note: *** indicates $p < .001$, ** indicates $p < .01$, * indicates $p < .05$. LLCI = lower level of the 95% confidence interval, ULCI = upper level of the 95% confidence interval. Coefficients are unstandardized and can be interpreted as a percentage scored on the test. Bolded confidence intervals indicate the significance of the effects. Although the p-value is not available PROCESS output to indicate the level of significance (asterisks were not marked in indirect effects), the specific and total indirect effects are significant because the confidence intervals exclude zero. Re-run the model with demographic variables as covariates in the analysis did not

change the most pattern of results, except the direct effect of commitment on giving amount becomes significantly positive ($b=9.6453$, $p=.0393$ SE=4.6679, LLCI= .4739, ULCI=18.8167). $N=504$.

Moreover, it is worth noting that intimacy fully mediates the effect of trust on commitment. This is meaningful because it validates the hypothesised model in Study 1 as intimacy is a mediator going before commitment in the pathway of trust towards loyalty. To calculate the indirect effect of trust on commitment through intimacy, I ran a process model (Model 4) with commitment as the outcome (Y). This finding is illustrated in Figure 7.1. The direct effect of trust on commitment is insignificant ($b=.0286$, 95% CI from $-.0270$ to $.0841$). The indirect effect of trust on commitment through intimacy is significant ($b=.4198$, 95% CI from $.3560$ to $.4852$).

Figure 7.1 Results of mediation model examining the effect of trust on commitment mediated by intimacy

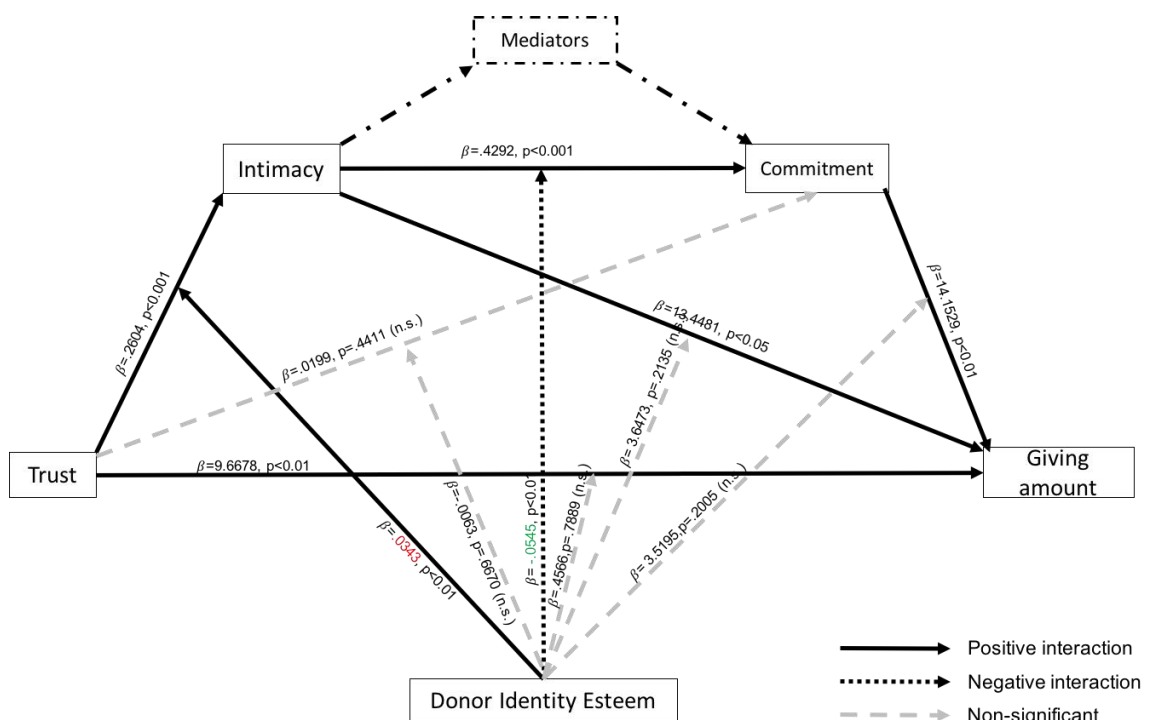


The moderating role of donor identity esteem

Then, a conditional process analysis is conducted to test whether donor identity esteem moderates the direct and indirect pathways of trust on giving amount through intimacy and commitment. I performed a 5,000-bootstrapped conditional process analysis using PROCESS with the mean-centring and Johnson-Neyman techniques employed. This model (named ‘the full model’ in the following text) includes trust as the independent variable, giving amount as the dependent variable, intimacy and commitment as two key mediators, and additionally includes four mediating variables (i.e. affective

empathy, donor identity reinforcement, encouragement and uplifting, and charity support importance) as the mediators between intimacy and commitment. It is recommended that for testing the mediation effects, all the direct and indirect paths are specified simultaneously so that when estimating some specific effects, other effects are still present (Iacobucci et al., 2007). Note that the presentation of the results was separated into two parts to achieve Objective 1 (replicating the finding of Study 1) and Objective 2 (exploring the mechanism of how donors' feelings of intimacy transmit to commitment through mediators contingent on donor identity esteem). I folded the mediators between intimacy and commitment because those variables are not relevant to the current objective.

Figure 7.2 Results of verifying Study 1's model using donor identity esteem as moderator in Study 2



Note: Multi-step mediation analysis with 5,000 bootstrap samples (customized model using Process macro3.0; Hayes, 2017). Coefficients are unstandardized and can be interpreted as a percentage scored on the test.

As can be seen in Figure 7.2, many patterns of results remain the same with Study 1, including the significant direct effects of trust on intimacy ($b = .260, p < .001$), intimacy on commitment ($b = .429, p < .001$) and on giving amount ($b = 13.448, p < .05$), and

commitment on giving amount ($b = 14.153, p < .01$). Once again, similar patterns were also observable on the interactions, including the positive trust \times donor identity esteem interaction on intimacy ($b = .034, p < .01$) and the negative intimacy \times donor identity esteem interaction on commitment ($b = .0545, p < .01$). However, the direct effect of trust on commitment became insignificant because of the full mediating effect of intimacy. Also, given the change of the dependent variable, the similar patterns relating to donor loyalty in Study 1 were not shown in relation to giving amount in Study 2. Specifically, the direct effect of trust on giving amount is significant ($b = 9.6678, p < .01$) in Study 2 but the direct effect of trust on donor loyalty in Study 1 is nonsignificant as the effect of trust on donor loyalty was fully mediated by intimacy and commitment. I also did not find significant interactions of intimacy \times donor identity esteem ($b = 3.647, p = .214$) and commitment \times donor identity esteem ($b = 3.520, p = .201$) on giving amount. Additionally, the effect of trust on commitment becomes nonsignificant ($b = .020, p = .441$) in Study 2 which was significant in Study 1. I thus did not find significant conditional indirect effects for the mediation paths through commitment. As shown in Table 7.6, the 95% CI also includes zero when donor identity esteem is relatively low ($W = 2.75, 95\% \text{ CI from } -.517 \text{ to } 1.158$), moderate ($W = 5.25, 95\% \text{ CI from } -.559 \text{ to } 1.202$), and relatively high ($W = 6.50, 95\% \text{ CI from } -1.216 \text{ to } 1.680$).

I also found significant conditional indirect effects for the mediation paths through intimacy, and through both intimacy and commitment which is consistent with the findings of study 1. As shown in Table 7.6, specifically, donor identity esteem was found to moderate the indirect effect of trust on giving amount via intimacy when donor identity esteem was moderate ($W = 5.25, 95\% \text{ CI from } .781 \text{ to } 7.842$) and relatively high ($W = 6.50, 95\% \text{ CI from } .501 \text{ to } 12.466$), but not relatively low ($W = 2.75, 95\% \text{ CI from } -.733 \text{ to } 3.346$). Donor identity esteem was also found to moderate the indirect

effect through intimacy and commitment when donor identity is relatively low ($W = 2.75$, 95% CI from .044 to 1.488), moderate ($W = 5.25$, 95% CI from .485 to 3.223) and relatively high ($W = 6.50$, 95% CI from .385 to 4.427). The Johnson-Neyman technique revealed that there was no specific critical point for the positive effects of trust on giving amount through intimacy or through intimacy and commitment.

Table 7.6 Indirect effects of trust on giving amount through intimacy and commitment

Indirect Path	W	Coefficient	Boot SE	Boot LLCI	Boot ULCI
Trust → Intimacy → Giving amount	$|W=2.75$	1.115	1.042	-.733	3.346
	$|W=5.25$	4.128	1.817	.781	7.842
	$|W=6.50$	6.221	3.037	.501	12.466
Trust → Commitment → Giving amount	$|W=2.75$	.226	.416	-.517	1.158
	$|W=5.25$	.269	.423	-.559	1.202
	$|W=6.50$	.187	.690	-1.216	1.680
Trust → Intimacy → Commitment → Giving amount	$|W=2.75$	.704	.362	.044	1.488
	$|W=5.25$	1.748	.701	.485	3.223
	$|W=6.50$	2.154	1.040	.385	4.427

Note: Conditional indirect bootstrap samples = 5,000. Coefficients are unstandardised and can be interpreted as a percentage scored on the test. Moderator (W) values are the 16th, 50th, and 84th percentiles. Donor identity esteem (W), trust, intimacy, and commitment are mean-centred.

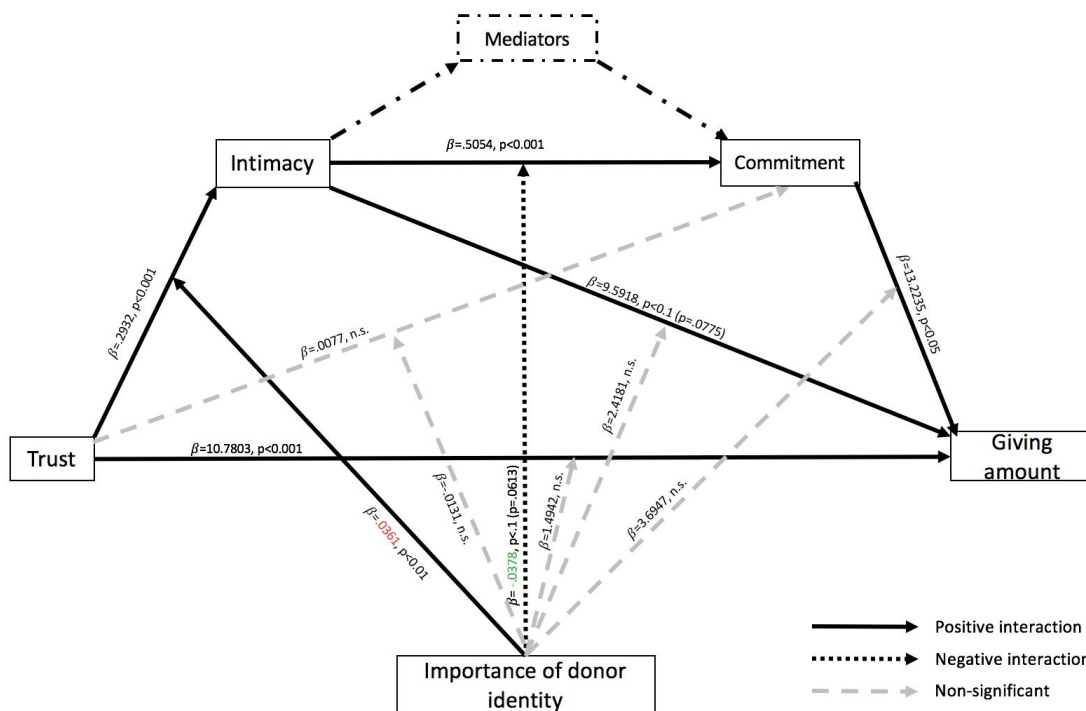
Robustness check

For robustness, I re-run this model with demographic variables (i.e. age, gender, marital status, children, college degree and postgraduate degree) were added as covariate variables, and another time with both demographic variables and conflict/difficulty were added as covariates. In both models, the pattern of results remained the same as the original model.

Furthermore, I tested whether the above moderation effects change when the subscales of donor identity esteem (importance of donor identity, donor identity membership esteem) was used respectively. I ran the same model with importance of donor identity and donor identity membership esteem as moderators respectively (see Figure 7.3 and Figure 7.4). The patterns of results remained the same when including covariates (demographic variables, demographic variables + conflict/difficulty) in the models. The

results demonstrated how the moderation of donor identity esteem happened on the indirect effects of trust on giving amount; the serial mediation path was moderated by both importance of donor identity and donor identity membership esteem, while the mediation effect of trust on giving amount through intimacy was only moderated by donor identity membership esteem.

Figure 7.3 Results of verifying Study 1's model using importance of donor identity as moderator



Note: Multi-step mediation analysis with 5,000 bootstrap samples (customised model using PROCESS macro 3.0; Hayes, 2017). Coefficients are unstandardised and can be interpreted as a percentage scored on the test.

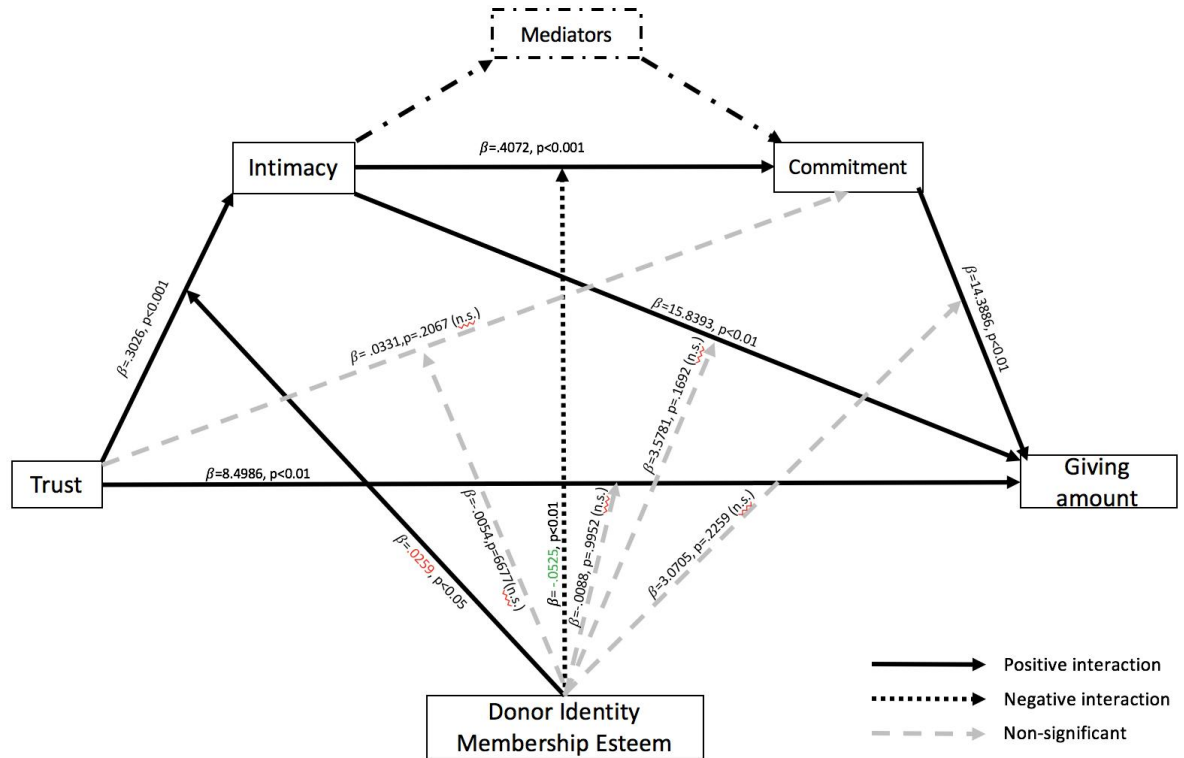
The direct effect of trust on giving amount is significant ($b = 10.7803, p < .001$).

The conditional indirect effect through intimacy was not significant when importance of donor identity esteem is relatively low ($W = 3.00, b = 1.0860, 95\% \text{ CI from } -.999 \text{ to } 3.431$), moderate ($W = 5.50, b = 3.419, 95\% \text{ CI from } -.321 \text{ to } 7.732$), and high ($W = 6.50, b = 4.658, 95\% \text{ CI from } -1.025 \text{ to } 11.175$).

The indirect effect through commitment was not significant when importance of donor identity is relatively low ($W = 3.00, b = .200, 95\% \text{ CI from } -.432 \text{ to } 1.066$), moderate ($W = 5.50, b = .008, 95\% \text{ CI from } -.784 \text{ to } .889$) and relatively high ($W = 6.50, b = .237, 95\% \text{ CI from } -1.599 \text{ to } 1.066$).

The indirect effect through intimacy and then commitment was not significant when importance of donor identity is relatively low ($W = 3.00, b = .776, 95\% \text{ CI from } -.062 \text{ to } 1.758$) but it was significant when importance of donor identity is moderate ($W = 5.50, b = 2.315, 95\% \text{ CI from } .576 \text{ to } 4.265$) and relatively high ($W = 6.50, b = 2.957, 95\% \text{ CI from } .515 \text{ to } 5.876$).

Figure 7.4 Results of verifying Study 1's model using donor identity membership esteem as moderator



Note: Multi-step mediation analysis with 5,000 bootstrap samples (customised model using PROCESS macro 3.0; Hayes, 2017). Coefficients are unstandardised and can be interpreted as a percentage scored on the test.

The direct effect of trust on giving amount is significant ($b = 8.499, p < .01$).

The conditional indirect effect through intimacy was not significant when donor identity membership esteem is relatively low ($W = 2.50, b = 1.963, 95\% \text{ CI from } -.294 \text{ to } 4.759$), but it was significant when donor identity membership esteem was moderate ($W = 5.00, b = 5.257, 95\% \text{ CI from } 1.745 \text{ to } 9.145$) and high ($W = 6.50, b = 7.790, 95\% \text{ CI from } 1.898 \text{ to } 14.336$).

The indirect effect through commitment was not significant when donor identity membership esteem is relatively low ($W = 2.50, b = .344, 95\% \text{ CI from } -.361 \text{ to } 1.404$), moderate ($W = 5.00, b = .482, 95\% \text{ CI from } -.223 \text{ to } 1.491$) and relatively high ($W = 6.50, b = .465, 95\% \text{ CI from } -.819 \text{ to } 2.010$).

The indirect effect through intimacy and then commitment was significant when donor identity membership esteem is relatively low ($W = 2.50, b = .982, 95\% \text{ CI from } .216 \text{ to } 1.947$), moderate ($W = 5.00, b = 1.861, 95\% \text{ CI from } .602 \text{ to } 3.410$) and relatively high ($W = 6.50, b = 2.175, 95\% \text{ CI from } .428 \text{ to } 4.407$).

7.5.2 Testing H4

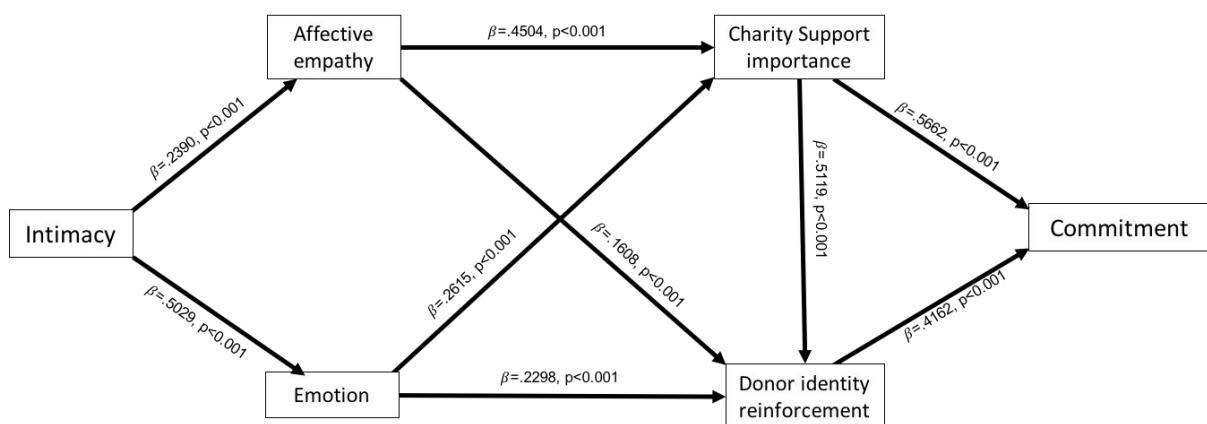
Then I focused on the mechanism of how donors' intimacy may transmit to commitment and how that psychological process is moderated by donor identity esteem.

To do so, I opened the folders of 'mediators' and only focused on examining the process between intimacy and commitment through mediators (i.e. affective empathy, encouragement and uplifting, charity support importance, and donor identity reinforcement).

Hypothesis 4 proposed that the effect of intimacy on commitment may be mediated by the factors of affective empathy, charity support importance, encouragement and uplifting, and donor identity reinforcement. Specifically, outwardly, affective empathy and charity support importance may mediate the relationship between intimacy and commitment (H4a); inwardly, encouragement & uplifting and donor identity reinforcement may mediate the relationship between intimacy and commitment (H4b). The mediating effects will be cross-targeted and finally through donor identity reinforcement (H5c).

Hypothesis 4 was tested using a customised PROCESS model. The model includes intimacy as the independent variable, commitment as the dependent variable, affective empathy, charity support importance, emotion(encouragement/uplifting) and donor identity reinforcement as the mediators with the inward and outward pathways crossed. This is consistent with the action in Study 1 where I aim to confirm the mediation mechanism between intimacy and commitment through the pathways. Therefore, I only test the direct, indirect and mediation effects between intimacy and commitment without incorporating moderator. The results are presented in Figure 7.5.

Figure 7.5 Results of mediation effects of intimacy on commitment via four mediators in Study 2



Note: Multi-step mediation analysis with 5,000 bootstrap samples (customised model using PROCESS macro 3.0; Hayes, 2017). Coefficients are unstandardised and can be interpreted as a percentage scored on the test.

- The total indirect effect was significant ($b = .251$, $SE = .030$, 95% CI from **.196** to **.314**).

- Path 1: The indirect effect through affective empathy and charity support importance was significant ($b = .061$, $SE = .015$, 95% CI from **.036** to **.094**).
- Path 2: The indirect effect through affective empathy and donor identity reinforcement was significant ($b = .016$, $SE = .008$, 95% CI from **.003** to **.035**).
- Path 3: The indirect effect through emotion of encouragement and uplifting and charity support importance was significant ($b = .075$, $SE = .018$, 95% CI from **.044** to **.113**).
- Path 4: The indirect effect through emotion of encouragement and uplifting and donor identity reinforcement was significant ($b = .048$, $SE = .016$, 95% CI from **.022** to **.084**).
- Path 5: The indirect effect through affective empathy, charity support importance and donor identity reinforcement was significant ($b = .023$, $SE = .006$, 95% CI from **.013** to **.036**).
- Path 6: The indirect effect through emotion of encouragement and uplifting, charity support importance and donor identity reinforcement was significant ($b = .028$, $SE = .005$, 95% CI from **.018** to **.039**).

The results support Hypothesis 2 as the total effect of intimacy on commitment through all the six possible pathways was statistically significant ($b = .251$, $SE = .030$, 95% CI from **.196** to **.314**). All six individual pathways from intimacy to commitment were found to be significant as zero was not included in any of the confidential intervals, where the main mechanisms were through three pathways, including the outward path through affective empathy and charity support importance ($b = .061$, $SE = .015$, 95% CI from **.036** to **.094**), the inward path through encouragement and uplifting and donor identity reinforcement ($b = .048$, $SE = .016$, 95% CI from **.022** to **.084**), and a cross-target path through encouragement and uplifting and charity support importance ($b = .075$, $SE = .018$, 95% CI from **.044** to **.113**).

Specifically, outwardly, the feeling of intimacy positively leads to higher affective empathy ($b = .239$, $p < .001$), which then leads to a higher perception of charity support importance ($b = .450$, $p < .001$), which then in turn leads to a higher commitment ($b = .566$, $p < .001$).

Inwardly, the feeling of intimacy positively influences the emotion of encouragement and uplifting ($b = .503$, $p < .001$), then the emotion leads to a higher reinforced donor identity ($b = .230$, $p < .001$), which in turn also leads to a higher commitment ($b = .416$, $p < .01$).

As expected, these two pathways were crossed. Positive emotions of encouragement and uplifting were found to positively lead to a higher perceived charity support

importance ($b = .262, p < .001$). Affective empathy ($b = .161, p < .05$) and charitable support importance ($b = .512, p < .001$) were also found to positively influence donor identity reinforcement. The result also shows that no matter how the effect of intimacy works in a donors' psychological process inwardly (i.e. through positive emotions) or outwardly (i.e. through affective empathy and charity support importance), it to some extent contributes to a reinforced donor identity by which donors will feel more important and feel better about being a charity's donor, and therefore they will be more committed to the charity. Therefore, Hypotheses 4a, 4b and 4c were supported.

For robustness, I ran the same analysis twice with covariates added (demographics, demographics + conflict/difficulty) and the pattern of the results remained the same.

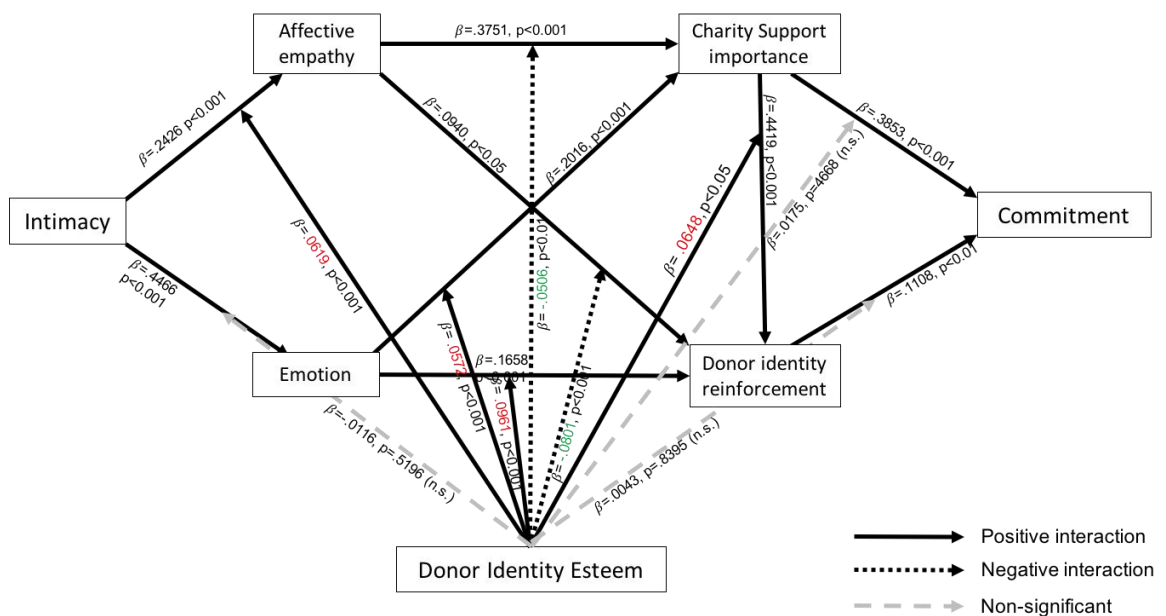
7.5.3 Testing H5

Hypothesis 5 (a and b) predicted the boundary condition on the proposed effects. I proposed that donor identity esteem moderates the strength of the indirect effect of intimacy on commitment via (i) affective empathy and charity support importance and (ii) encouragement and uplifting and donor identity reinforcement. Specifically, I expected that donor identity esteem negatively moderated the strength of the indirect effect of intimacy on commitment via affective empathy and charity support importance (H5a), whereas it positively moderated the strength of the indirect effect of intimacy on commitment via encouragement and uplifting and donor identity reinforcement (H5b).

Hypothesis 5 was tested using the customised PROCESS model which is shown in Figure 7.3. I opened the folder 'mediators' from the full model and only present the result of the conditional process from intimacy to commitment through four mediators moderated by donor identity esteem. I'm doing so because it enables the researcher to count the moderation effects in an overall model which is recommended (Haslam & McGarty, 2014), and at the same time provides a clear lens to focus on the second objective – explaining why donor identity esteem negatively moderates the path from

intimacy on commitment. This action, however, increased the difficulty in calculating the conditional indirect effects as the effects between intimacy on commitment through six pathways cannot be directly generated in the output file, which were our questions of interest. Thus, I used the Save option in PROCESS to manually calculate those indirect effects⁵. The results of conditional mediation analysis are presented in Figure 7.6.

Figure 7.6 Results of exploring the moderated mediation effects of intimacy and commitment via four mediators using donor identity esteem as moderator in Study 2



Note: Multi-step mediation analysis with 5,000 bootstrap samples (customised model using PROCESS macro 3.0; Hayes, 2017). Coefficients are unstandardised and can be interpreted as a percentage scored on the test.

As shown above, the results indicated that donor identity esteem positively moderates the effect of intimacy on affective empathy ($b = .062, p < .01$), the effects of encouragement and uplifting on charity support importance ($b = .057, p < .01$) and on donor identity reinforcement ($b = .096, p < .05$), and the effect of charity support importance on donor identity reinforcement ($b = .065, p < .05$). By contrary, donor identity esteem negatively moderates the effects of affective empathy on charity support

⁵ The process of calculating those indirect effect (the syntax) and the results can be presented upon request.

importance ($b = .051, p < .01$) and on donor identity reinforcement ($b = .081, p < .01$). These explained why the interaction of intimacy and donor identity esteem was negatively significant in affecting commitment in Study 1. Although donor identity esteem enhances the most direct effects from intimacy to commitment in the inward pathways, but it drains the outward process that derives from respondents' affective empathy (the effect of affective empathy on charitable support importance and donor identity reinforcement). Even though, the overall effect of intimacy on commitment is positively moderated by donor identity esteem, supporting H5.

In terms of the moderated indirect effects, the results of six moderated pathways are presented in Table 7.7. For the outward pathway (intimacy \rightarrow affective empathy \rightarrow charity support importance \rightarrow commitment), donor identity esteem was found to moderate two direct effects: the effect of intimacy on affective empathy positively, and the effect of affective empathy on charity support importance negatively. Due to stronger positive moderation on the effect of intimacy on affective empathy, the moderation of the overall indirect effect on commitment via affective empathy and charity support importance was positive when donor identity esteem is moderate ($b = .037, SE = .011, 95\% CI$ from .018 to .062) and high ($b = .039, SE = .013, 95\% CI$ from .018 to .069), but not relatively low ($b = .021, SE = .016, 95\% CI$ from -.006 to .058). Therefore, H5a is rejected.

For the inward pathway (intimacy \rightarrow encouragement/uplifting \rightarrow donor identity reinforcement \rightarrow commitment), donor identity esteem only positively moderates one path – the effect of encouragement and uplifting on donor identity reinforcement– and the indirect effect via encouragement and uplifting and donor identity esteem was found positively significant when donor identity esteem is moderate ($b = .010, SE = .005, 95\% CI$ from .002 to .023) and high ($b = .016, SE = .008, 95\% CI$ from .003 to .034) but not low ($b = -.002, SE = .004, 95\% CI$ from -.009 to .008). Therefore, H5b is supported.

Table 7.7 Conditional process model coefficients for the indirect effects of Intimacy on Commitment through mediators

Path	Indirect Path	W	Coefficient	Boot SE	Boot LLCI	Boot ULCI
1	Intimacy → Affective empathy	|W=2.75	.021	.016	-.006	.058
	→ Charity support importance	|W=5.25	.037	.011	.018	.062
	→ Commitment	|W=6.50	.039	.013	.018	.069
2	Intimacy → Affective empathy	|W=2.75	.003	.003	-.001	.012
	→ Reinforcement →	|W=5.25	.002	.002	-.001	.007
	Commitment	|W=6.50	-.002	.006	.001	.023
3	Intimacy → Affective empathy	|W=2.75	.002	.002	-.001	.007
	→ Charity support importance	|W=5.25	.005	.002	.001	.010
	→ Reinforcement → Commitment	|W=6.50	.006	.003	.001	.013
4	Intimacy → Uplift →	|W=2.75	.014	.013	-.006	.044
	Charity support importance →	|W=5.25	.039	.011	.021	.064
	Commitment	|W=6.50	.051	.013	.030	.080
5	Intimacy → Uplift →	|W=2.75	-.002	.004	-.009	.008
	Reinforcement →	|W=5.25	.010	.005	.002	.023
	Commitment	|W=6.50	.016	.008	.003	.034
6	Intimacy → Uplift →	|W=2.75	.001	.001	-.001	.004
	Charity support importance →	|W=5.25	.005	.002	.001	.011
	Reinforcement → Commitment	|W=6.50	.008	.004	.002	.017
Total conditional indirect effect of intimacy on commitment (path 1+2+3+4+5+6)		|W=2.75	.040	.025	-.003	.097
		|W=5.25	.098	.020	.064	.141
		|W=6.50	.119	.025	.087	.184

Note: Conditional indirect bootstrap samples = 5,000. Coefficients are unstandardised and can be interpreted as a percentage scored on the test. Moderator (W) values are the 16th, 50th, and 84th percentiles. Donor identity esteem (W), trust, intimacy, and commitment are mean-centred. The coefficients of the total indirect effects were calculated as the sum of the coefficients of three paths when W was 2.75, 5.25, 6.5 respectively. The Boot SE, Boot LLCI, Boot ULCI were calculated using bootstrap estimates which were generated by the PROCESS Save option.

7.6 Discussion of study 2

The findings of Study 2 confirmed and further extended the findings of Study 1. It showed that when donor's feelings of intimacy to the organisation is transformed into a sense of commitment, there is a process of caring about their own interests and strengthening their identity as a donor due to the positive emotions generated by the donation (the inward/self-reinforcing pathway), and a process of caring about the well-being of others and deepening their understanding of the importance of charitable organisations due to affective empathy (the outward/other-caring pathway). These two pathways exist simultaneously and interact with each other. This finding is similar to past research such as White & Peloza (2009) in marketing context. This is the first study to explore these inward/outward psychological pathways in fundraising research.

This study demonstrated that high donor identity esteem can enhance the inward pathway of commitment transformation. That is, when donors feel good about their identity as a charity supporter, the inspiration (encouragement and uplifting) brought by donation can be transformed into reinforcement of their donor identity, and the recognition of the importance of charitable organisations can be deepened. However, high donor identity esteem can weaken the outward pathway of commitment transformation. In other words, when donors feel good about their own donor identity, the perceived importance of charitable organisation and the strengthening of individual donor identity due to empathy will be weakened. However, for those who reported low in donor identity esteem, their perceived importance of charitable organisation and the strengthening of individual donor identity due to empathy will be enhanced.

This finding is an important theoretical contribution because it uncovered why donor identity esteem had differential moderating effects in donors' psychological process from trust to donor loyalty through intimacy and commitment. It displays the complex

nature that donors balances their focus on the value of self-reinforcement and the value of charity's work on the way of committing to a charity.

With an experimental design, Study 2 verified some of the findings of Study 1 and claimed the causal relationship of trust on donor loyalty through intimacy and commitment by manipulating trust and donor identity esteem. Independent of trust and commitment, intimacy did provide additional predictive power on loyalty (measured as hypothetical giving amount). Through intimacy, intimacy and commitment, trust has a indirect effect on hypothetical giving amount, these mediation effects were greater for those with higher donor identity esteem. Donor identity esteem positively moderated the effect of trust on intimacy, but negatively moderated the effect of intimacy on commitment, which was consistent with earlier research.

Furthermore, the study broadened the research context (from children's health care in Study 1 to community family services in Study 2) and population (from donors to the general public) in which the concept and effects of intimacy were investigated. As a result, it contributes to the study's external validity.

This study, like any other, has limitations. First, because the dependent variable in study 2 is operationalised as hypothetical giving amount rather than the intention to support in the future, the findings from study 1 were only partially confirmed. These include the direct effect of trust on giving amount, the mediation effect of trust on giving amount through commitment, the moderation effects on the effects linking with giving amount. It made interpreting the results more challenging. To alleviate this shortcoming, more field studies utilizing loyalty assessment may be beneficial.

Second, as in Study 2, when the dependent variable hypothetical giving amount was measured immediately after participants finished reading the scenarios and the manipulation questions and before the mediating factors, there was a potential risk from the questionnaire sequence. This order is different from study 1 where the dependent

variable was measured after the mediating variables. The reason to do so is because if the respondents (not real donors) were still immersed in the situation they had just read, it is natural for them to make their hypothetical giving decision based on the scenarios and it is more in line with their decision-making habits. However, this adds to the difficulty of interpreting the results.

CHAPTER EIGHT: CONCLUSION

8.1 Introduction

This chapter concludes the thesis. It begins with recalling the main findings obtained in this research which are linked to the research objectives. Thereafter, the contributions in theory, methodology and practice are discussed and suggestions for fundraising practice are provided. Finally, the research limitations are discussed with indicating the directions for future research to enhance our knowledge.

8.2 Main findings

This marketing research for philanthropic causes aims to enhance our knowledge about how individual donors become loyal to a supported charity. For donors, being loyal to a charity means that they would like to maintain long-term donor-charity relationships, while donor loyalty is critical for most charities who rely on public donation. Although fundraising scholars have worked on understanding donor loyalty and its drivers in the past thirty years, empirical evidence on how donors actually experience in their journey to loyal supporters is still limited. Hence, the psychological process towards donor loyalty requires further empirical research that would help charities improve their fundraising communication effectiveness. Furthermore, even though satisfaction, trust and commitment were proven to be the three largest drivers of donor loyalty, the literature has not explained how these factors translate to loyalty intention or behaviour and whether such processes differ across individuals with different levels of donor identity esteem. In this respect, this thesis has adopted a comprehensive approach simultaneously exploring both the mediating and moderating effects that attitudinal and individual factors have on donors' loyalty intention.

This study has six research objectives. The first objective was to **introduce the concept of intimacy into the charity context**. Previous literature acknowledged satisfaction, trust and commitment as the three largest drivers of donor loyalty. A literature review

also identified the different roles of satisfaction, trust and commitment in influencing donor loyalty, as well as the mediating role of commitment that translates trust to loyalty. However, the literature failed to explain how donors' attitudes change from believing in a charity's reliability and integrity to committing maximum effort to maintain a long-term relationship with the charity. The concept of intimacy fills such a research gap because it helps explain the attitudes' transition - how much a relationship is desired by an individual donor. In this research, the definition of intimacy, adapted from psychology and marketing literature, especially on interpersonal relationships and marketing relationships, includes three components: the feelings of closeness, connectedness and warmth. This definition is appropriate for the charity context because through fundraising communication, it is natural for donors to become more familiar with the charity, its cause and work and develop a sense of personal connection with the charity along with warm feelings as positive psychological rewards. Therefore, for charities, knowing how intimate a donor feels about with a charity means knowing how much the donor's needs for connection are fulfilled, which may result in efforts to maintain the relationship and long-term support. Therefore, this research proposed that intimacy in the charity context is not only a promising driver of donor loyalty but also a mediator that helps to illustrate donors' psychological process towards loyalty.

The second objective of the research was to examine the role of intimacy in influencing donor loyalty. The findings of this research consistently showed that intimacy has a positive direct effect on donor loyalty (confirmation of H1), in line with Yim et al. (2008) in a commercial context. To be specific, Study 1 shows that intimacy positively influences loyalty intention independent of trust, satisfaction and commitment, and adding intimacy into the model increases the 4% variance of donor loyalty. In terms of effect size, intimacy explains a significant portion of the total variance (.25), which is as similarly important as commitment(.30). Study 2 verified the finding from Study 1 that

intimacy positively predicts hypothetical giving amount in an experimental setting. The effect size of intimacy (11.72) is even larger than that of commitment and trust (9.65 and 10.64 respectively).

In addition, intimacy was found to be a mediator in the psychological process from trust to loyalty. It is found that the indirect effect of trust on donor loyalty through intimacy and the indirect effect through intimacy and then commitment are both significant (confirmation of H2). The results of both the field survey and the online experiment showed the same pattern. When taking the effect size into account, intimacy is more important than commitment because the indirect effect through intimacy is approximately 2 times stronger than the indirect effect through intimacy and commitment and even stronger than the indirect effect through only commitment. The finding of intimacy as a mediator is in line with research in the commercial context (Tabrani et al., 2018; Ponder et al., 2016).

These findings suggests that it is important to consider donor perceived intimacy with a charity when predicting donor loyalty. It is no longer a simple decision to increase trust or commitment for their own sake, but to think about the ripple effects that trust, intimacy, and commitment have on donor loyalty. As the patterns showed the same in both UK actual donors and US general individuals contexts, the role of intimacy can be considered as a valid phenomenon as such.

The third objective of the research was **to explore the moderating role of donor identity esteem**, particularly how donor identity esteem influences the pathways from trust to donor loyalty through intimacy and commitment. Given an exploratory research in nature, in order to identify the possible moderating effects relating to donor identity esteem, hypotheses were made in a less specific way, assuming all the direct and indirect paths from trust to donor loyalty depends on donor identity esteem. In terms of findings, Study 1 showed that overall high donor identity esteem enhances the overall

indirect effect from trust to donor loyalty through intimacy and commitment (confirmation of H3). However, it shrinks the direct effect of intimacy on commitment and on donor loyalty and enhances the direct effect of trust on intimacy and the direct effect of commitment on donor loyalty. Even though there are moderation effects with opposite directions, for people with higher donor identity esteem, their trust in a charity is more likely to translate to intimacy and commitment and finally lead to loyalty.. Similar patterns were confirmed in Study 2. In an experimental condition with manipulating trust and donor identity esteem, donor identity esteem enhances the overall pathway from trust to loyalty through intimacy and commitment, while it positively moderates the effect of trust on intimacy but negatively moderates the effect of intimacy on commitment. In addition, it was noted that the moderating effects involving dependent variables were not verified maybe due to the use of different measures to assess donor loyalty.

Furthermore, excepting to verify the findings from Study 1, Study 2 had another objective which is to further explore the psychological pathways from intimacy to commitment and how donor identity esteem moderates this pathway. The reason to address this research objective is to solve the puzzle that the moderation of donor identity esteem has different directions found in Study 1, especially to explain why donor identity esteem negatively moderates the direct effect of intimacy on commitment. Findings from Study 2 indicate that donors experience both inward/self-reinforcing (experiencing encouragement/uplifting and reinforcing their donor identity) and outward/other-caring (experiencing affective empathy and then strengthening the perception of the importance of charity's work) processes when intimacy translates commitment (confirmation of H4). Such psychological pathways are moderated by donor identity esteem, such that donor identity esteem strengthens the effects in the inward/self-reinforcing pathways (experiencing encouragement/uplifting and donor

identity reinforcement) but weaken the effects in the outward/other-caring pathways (experiencing affective empathy and charity support importance) (confirmation of H5).

8.3 Contributions

8.3.1 Theoretical contribution

This thesis contributes to knowledge in several ways. First, it provides a new perspective to understand donors' loyalty intention by introducing the concept of intimacy and testing intimacy as a loyalty driver as well as a mediator that translates the effects of trust on commitment and loyalty. Most previous studies on relationship fundraising focused on the relationships between donor loyalty and trust, commitment and satisfaction, but there is not much known about the mechanism of which one's attitude changes from only believing in a charity's reliability and integrity to committing maximum effort to maintain the relationship with this charity. This thesis provides an enhanced picture of the determinants of donor loyalty, offering a definition of intimacy and empirical evidence related to the roles of intimacy in helping to explain the psychological process from trust to commitment and finally to donor loyalty. In particular, intimacy was defined in this thesis as the feelings of closeness, connectedness, and warmth that a donor experiences with a charity. The empirical results demonstrated that intimacy not only has a direct impact on donor loyalty but also mediates the relationship from trust to commitment and loyalty. Therefore, offering a definition and reliable measurements of intimacy as well as empirical evidence relating to its role in influencing donor loyalty is the first contribution of this research.

The second theoretical contribution is to test whether donor identity esteem moderates donors' psychological processes from trust to loyalty. Since intimacy catches how much a donor desires a relationship with a charity, this thesis explores the possibility that an organisational identity-based psychological process contributes to loyalty. Given that several experiments have shown that reinforcing donors' certain identity can influence

the effect of identity-relevant manipulations on charitable giving (for example, see Shang et al., 2020 for moral identity), similarly, it is expected that donors' identity esteem influence donors' psychological pathways towards loyal intention or behaviour. This is because the better one feels about self as a donor, the more likely he or she can be motivated to become increasingly integrated with the charity, thus more easily turning their trust to intimacy, commitment and finally loyalty (Ashforth & Mael, 1989). The results showed that donor identity esteem not only positively moderates the overall pathways (the indirect effect of trust on loyalty through intimacy and commitment) and direct pathways (i.e., the direct effect of trust on intimacy and the direct effect of commitment on loyalty). Surprisingly, donor identity esteem is found to negatively moderate the direct effect of intimacy on commitment. That is, comparing donors with higher donor identity esteem, the correlation that more intimacy leads to higher commitment is stronger for those donors with lower donor identity esteem. This finding is particularly interesting to explore further because none of the literature has found similar effects and explored why. It was therefore addressed in Study 2 of this research. Researching this issue may inspire marketing researchers and fundraisers to rethink the message and the timing of fundraising communication that aims to promote donors' identity esteem.

The third theoretical contribution is made to answer why donor identity esteem negatively moderates the direct effect of intimacy commitment by further exploring the psychological pathways between intimacy and commitment. That is, from feeling intimate with a charity to finally being willing to maximise efforts to maintain the relationship with it, one would experience both an inward/self-reinforcing pathway and an outward/other-caring pathway. In an outward/other-caring process, donors experience affective empathy for others (Batson et al., 1995; Barson et al., 1997a; Batson et al., 1997b). Considering the limited contribution that the self can make,

affective empathy can lead to the perception of charities' importance, which can then lead them to commitment (Batson et al., 1991). In an inward/self-reinforcing process, donors are encouraged and uplifted by their past giving or the connection with charities or beneficiaries. Because of that encouragement and uplifting, their donor identity can be reinforced, which then leads them to commitment. How does donor identity esteem moderate these pathways? Inwardly, the more donors feel encouraged and uplifted, the higher donor identity reinforcement and the higher charity work importance they perceive. These positive correlations are stronger in those with higher donor identity esteem. In contrast, outwardly, the more donors feel affective empathy to others, the higher charity work importance they perceive and the higher donor identity reinforcement they perceive. These positive correlations are stronger in those with lower donor identity esteem. This is why donor identity esteem can negatively moderate the effect of intimacy on commitment. This finding is particularly important because it is not something that scholars or fundraisers can intuitively know or observe in reality; it can only be detected by studies such as the current thesis.

Together, this thesis contributes to theory development in understanding how donors become loyal to a charity.

8.3.2 Methodological contribution

As mentioned in the previous section, this thesis offers an operational definition and measurement for intimacy, including three subscales, i.e., closeness, connectedness and warmth. The reliability of the measurements was tested in both field surveys and online experiments. With such definitions and measurements, nonprofit marketers and fundraisers can quantify intimacy, which helps to understand donor well-being and how good donors feel about continuing to support a charity.

This thesis studied both correlational and causal relationships between donor loyalty and its drivers. Correlational evidence was collected using a quantitative field survey in

Study 1, and causal evidence was obtained using an online lab experiment in Study 2. The main effects (the direct and indirect effects of trust on donor loyalty through intimacy and commitment, moderated by donor identity esteem) were tested in both studies to test and verify the findings.

The experimental results have high internal validity because of the precautions taken in randomised experimental design and replication. For example, the experimental study successfully manipulated trust and donor identity esteem; random samples of participants were randomly assigned to each of four experimental conditions.

The psychological mechanisms tested in this thesis have high external validity. On the dependent variable, this thesis studies donor loyalty as the intention of supporting charities in the future in several ways (i.e., continuous giving, upgrade, recommendation to others and legacy) as well as hypothetical giving amount. On the sector of the charity, this thesis approached the cases of a health charity as well as a fictional community service charity. Of the participants, the participants include samples of a UK charity's donors and samples of the general US population. Therefore, the results should be generalisable across all these behavioural intention indicators, all charities in the health sector and community service sector, and all these populations.

Finally, this PhD thesis presents the procedures for building a customised PROCESS model and for calculating specific indirect effects using bootstrap estimates and the save option in PROCESS. These procedures are seldom seen in published articles, especially in nonprofit research, since the vast majority of studies use models that have been predetermined in the software. Such methods allow nonprofit researchers to customise moderated mediation models and calculate any indirect effects within the model. Thus, I believe this thesis has the potential to enhance freedom for future nonprofit research.

8.3.3 Practical contribution

This thesis was nurtured in the former Hartsook Center of Sustainable Philanthropy at Plymouth University (now Institute of Sustainable Philanthropy), which stated its vision to grow personally meaningful philanthropy around the world. As it stated on their current website, *“If donors were to tend to their own needs as well as those of their beneficiaries, giving would be more sustainable and there would be more of it.”* (Institute of Sustainable Philanthropy, 2021). This thesis echoes this statement by exploring donors’ psychological processes towards loyalty. Such personal psychological processes are meaningful for each donor. It is possible that when charities become intimate enough to donors, by knowing who they are and how they feel, charities can approach better fundraising communication accordingly and improve donor experiences to make each donor-charity relationship meaningful and longer. In this sense, current research can help charity fundraisers to reflect on how to encourage long-term giving behaviour.

This thesis highlights the importance and needs for fundraisers to understand intimacy in the donor-charity relationship context. Although marketing scholars recognised that intimate relationships are usually more mutual and reciprocal and thus more likely to last (MacQuillin et al., 2016), this thesis opens an avenue for nonprofit marketers and fundraisers to apply it. It is possible that intimacy will be one of the top concerns in fundraising communication, as it tells whether donors feel good in the current relationship with charities. Indeed, intimacy can be measured in donor surveys together with trust, satisfaction commitment and other variables, which can help charities know more about how donors feel to meet donors’ needs.

Fundraisers may also be inspired by this research through knowing that donors experience both inward/self-reinforcing and outward/other-caring pathways and knowing how donors’ identity esteem could possibly affect their psychological

processes towards loyalty. This finding is important because in addition to the emotions of empathy (other-caring) and encouragement/uplifting (self-reinforcing), people's willingness to support a charity in the long term comes from two sources: the value of the organisation and the value of donors themselves. Recognising the importance of charities' work is necessary for being committed to it. This is because charities are often a response to market failure and their existence for relieving human suffering or enriching human lives is one foundation on which donors wish to maintain a relationship with a charitable organisation. Another foundation is from donors themselves as people may realise that without their donations, charities would not be able to carry out their social services. As such, it makes donors feel better. Sargeant & Woodliffe (2005) also pointed out that individuals with a perception of deepening the understanding of the cause are significantly more loyal. This study is the first to show these two pathways that people take to become committed to a charity from intimacy. Fundraisers can benefit from the findings to tailor donor communication and improve the quality of donor experience.

8.4 Limitations and Future Research

Several limitations should be acknowledged. First, the measurement of intimacy in the charitable giving context was adapted from quantitative studies in the interpersonal relationship and consumer market contexts. This is only one example of how one may study how donors feel intimate with or close to a charity. Other constructs such as brand love (Sarkar et al., 2012) and customer attachment (Brocato et al., 2015) may potentially have significant theoretical implications to help us understand donor psychology in the nonprofit marketing domain. This is a concept of research that needs more attention from academic researchers and fundraisers.

Indeed, this thesis could benefit from qualitative studies that focus on this specific topic of donor intimacy. Future research may conduct qualitative interviews with individual

donors of charities to gain more insights into the definition and constructs of intimacy and propose a more comprehensive definition and its antecedents and consequences. This thesis calls for more qualitative studies to examine the validity and reliability of the measurement of donor intimacy using a confirmatory factor analytic approach and donor samples from different charity sectors. These will be helpful to enhance our understanding of this newly introduced concept in fundraising research.

Second, the operationalisation of donor loyalty in the field survey and the experimental study were not consistent (e.g. donor loyalty was operationalised as loyalty intention in field survey and a hypothetical giving amount in the online experiment respectively). This led to the consequence that some effects in association with loyalty intention in Study 1 were not shown with a hypothetical giving amount in Study 2. For instance, the direct effect of trust on loyalty intention was not significant in the field survey, while the parallel effect of trust on the hypothetical giving amount was significant in the experiment. Future research may test these effects with a better research design.

Third, the method through which I measured donor loyalty from a behavioral intention perspective is based on several behavioral forms, such as continuing to give, upgrading the giving amount, positive word-of-mouth and leaving a legacy. The antecedents of the intention for each loyal behaviour is worthy further exploring. Although the joint measurement of donor loyalty is widely used in nonprofit research (Sargeant & Shang, 2017; Lawson, 2016), understanding how donor attributes drive each loyal behavior may be more meaningful for fundraisers to monitor specific fundraising strategies. Hence, future research is called to investigate how donor attributes influence each loyal behaviour or intention.

Forth, the participants in the online experimental study were primarily members of the general public which may be not ideal for the research into a long-term donor-charity relationship. Although the participants are manipulated in trust and donor identity

esteem, there may be other cognitive factors of giving behaviour playing roles in the psychological process. Therefore, further exploration on this topic is welcomed. Future experimental studies could address the pathways proposed in this research, especially the inward/self-reinforcing and outward/other-caring pathways to provide more insights into how a donor becomes committed to a charity and finally becomes a loyal supporter. Finally, this research only studied charities in the health care and community service sector, which are considered to involve a higher level of intimacy. It is therefore important to test the effects of intimacy in other charity segmentation contexts. This is important to verify the findings and lend further support to our theoretical framework, but also to see how donors view their relationships with charities in terms of intimacy in different contexts. For example, it could be argued that intimacy with an environmental protection charity may play a less important role in driving donor loyalty than a hospice charity due to a lack of strong personal ties and interpersonal connections. The role of intimacy, on the other hand, might be of particular importance for certain types of charities. Future research should therefore consider organisational factors when assessing the relationship between intimacy and donor loyalty.

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Appendices

Appendix 1: Considerations in methods of inference using PROCESS

Hayes (2017) describes one of the strengths of using PROCESS as follows:

“...PROCESS takes the computational burden off the shoulders of the researcher by estimating the models, calculating various effects of interest, and implementing modern and computer-intensive methods of inference, such as bootstrap confidence intervals for indirect effects and the Johnson–Neyman technique in moderation analysis.” (Hayes, 2017, p.ix) The considerations in the methods of inference are explained as below.

The **bootstrapping** method (Efron & Tibshirani, 1993) was employed during the use of PROCESS. Bootstrapping is one of the resampling strategies which estimates the properties of the sampling distribution from the original sample data (Field, 2009; Hayes, 2017). In bootstrapping, the original sample is viewed as a pseudo population that represents the broader population from which the sample was derived, and is generated by calculating the statistic of interest in multiple resamples of the data set (Hayes, 2017). That means the sampling distribution of an indirect effect can be estimated through bootstrapping by sampling N units with replacement from the original sample of N units. Because of this, no assumptions about the normality of sampling distribution are necessary when conducting inferential tests (Hayes, 2017). It is recommended that using the bootstrapping method provides higher power than using the normal theory approach when testing mediation (Hayes, 2017). In this study, the researcher tests indirect effects using 5,000 bootstrap samples, which is a proper quantity for bootstrapping as suggested by Hayes (2017). By default, PROCESS generates bias-corrected bootstrapping confidence intervals for indirect effects (Efron & Tibshirani, 1993). Confidence interval refers to a probable range of differences between population means (Haslam & McGarty, 2014).

The *Johnson-Neyman technique (JN-technique)*, also known as the regions of significance approach or spotlight analysis, was also used when conducting conditional process analysis. The JN-technique was developed to establish regions of insignificance associated with a test of the difference between two treatments at any specific point on X continuum (Johnson & Neyman, 1936; Preacher et al. 2007; Hayes, 2017). The JN-technique can be easily performed using PROCESS, which can identify the critical point(s) that demarcate the regions of significance of the effect of an antecedent variable on a consequent variable. To ease the interpretation, PROCESS also slices the distribution of the moderator with showing the confidence bands. When a moderation effect is significant, the confidence bands should be entirely above or entirely below zero (Hayes, 2017).

As cautioned by Hayes, there are also some tricky points that have to be carefully considered when using PROCESS to conduct conditional process analysis and interpret the results. For example, the researcher should carefully consider:

- the choice of using the mean of moderator ± 1 standard deviation versus using the 16th, 50th, and 84th percentiles of the moderator distribution to represent moderator as ‘low’, ‘moderate’ and ‘high’;
- whether there is a necessity to mean-centre the antecedent and moderating variables; and
- the choice of reporting standardised or unstandardised coefficients. The choices of these issues were justified as below.

Using ± 1 SD vs 16th, 50th, 84th percentiles? In this study, the researcher used the latter, which is 16th, 50th, 84th percentiles of the moderator distribution as operationalisation of relatively low, moderate and relative high. The reason is that, as explained by Hayes (2017), ‘if the moderator W is highly skewed, one standard deviation below or above


the mean could be below or above the minimum or maximum observed value in the data, or perhaps even beyond the scale of measurement [...] But the 16th and 84th percentiles of the distribution of W will always be within the range of the observed data, regardless of the shape of the distribution. And the median (the 50th percentile) of the distribution of W is always a sensible description of the centre. The mean may not be if W is skewed' (pp.250-251).

Using mean-centring option or not? The answer is *YES*. In this study, the researcher decided to use the mean-centre option when conducting moderation analysis. According to Hayes (2017), although it is not necessary to mean-centre the antecedent and moderator variables as it will not affect the estimation of the interaction effects and have nothing to do with reducing multicollinearity, mean-centring focal antecedent and moderating variables makes the coefficient beta interpretable and the hypothesis test meaningful. This is because the estimation is influenced by the scaling of antecedent variables and moderators. For instance, in a simple moderation model (W moderates the effect of X on Y), when X and W are continuous variables and if X and W are kept in their original metric, one or both of the coefficients may not be meaningful to interpret if zero is outside of the bounds of the metric of measurement. However, if X and W are mean-centred, the regression coefficients and their tests of significance are always interpretable and meaningful as the estimated conditional effects of X and W when the other variable is at the sample mean⁶ (Hayes, 2017). By doing so it can reduce the possibility of readers interpreting the meaningless and uninterpretable coefficients. For this reason, this research adopted the mean-centring approach to conduct conditional process analysis.

⁶ Suppose b_1 indicates the coefficient of direct effect of X on Y, and b_2 indicates the coefficient of direct effect of W on Y. When mean-centring X or W, b_1 estimates the effect of X on Y when W is at its mean, and b_2 estimates the effect of W on Y when X is at its mean. In this study, I interpret the effect antecedent variables on consequence variables when a moderator is at its mean.

Reporting standardised or unstandardised coefficients? The choice is to report unstandardised coefficients, according to Hayes (2017). The reason behind this decision is that although there is a widespread belief that standardised coefficients are more comparable across studies or investigators using different methods, standardisation itself changes the original measured scale into another arbitrary scale, which makes it harder to interpret the original meaning of measured scale. Because standardised effects are scaled in terms of variability in the sample, they are actually comparable across studies conducted by different researchers regardless of whether the same measurement scales are used or not. Instead, using unstandardised metric the analytical results (e.g. regression coefficients, equations, etc.) can directly map onto the measurement scales used in the survey, and in turn, they can be compared across studies conducted using the same measurement system. In this thesis, considering more than one study using the same measurement scales will be conducted, and considering the ease of understanding interpretation correctly, the researcher will report unstandardised coefficients in the reporting sections.

Appendix 2: The Invitation email of BCHC



Dear Sophie,

Like all our supporters, you are important to us – we can only do more for sick kids because of you. Because of this, we would like to know a little more about what you know about Birmingham Children's Hospital Charity and how you feel about us.

Please would you take [our survey](#). Or copy and paste the URL below into your internet browser:

https://plymouthbusiness.eu.qualtrics.com/jfe/form/SV_0vaw7I6yG0xYuuF?Q_DL=d5zbDr72qZgEpaB_0vaw7I6yG0xYuuF_MLRP_9B6Xqrmf7Facwld&Q_CHL=gl

Please click the link now. This survey is very important to us, and will shape the way we communicate with you and other supporters in the future. We estimate that it will take less than 10 minutes to complete the survey and we will be very grateful.


The survey will close on [Date]. So if you want to take part, please click through quickly.

I'd like to assure you that all answers will be confidential. To ensure this, the survey is being hosted on our behalf by a researcher at Hartsook Centre for Sustainable Philanthropy at Plymouth University who will collate responses and report back the results. Please be assured that we take your privacy very seriously, and we have not passed any of your personal data.

I do hope you'll be able to take this survey – please click on the above link now. If you have any questions, you can contact Sophie Kong from Plymouth University at dejie.kong@plymouth.ac.uk, or feel free to contact me directly at paul.moore1@nhs.net.

Thank you for your continued support.

With best wishes,



Paul Moore
Individual Giving Manager

PS If you would prefer not to take part, [please click here](#) and we will ensure that you do not receive any more emails about this survey.


Copyright © 2017 Birmingham Children's Hospital Charity. All rights reserved.
You have received this email because you asked to receive information by email from Birmingham Children's Hospital Charity.

Our mailing address is:
Birmingham Children's Hospital Charity
Fundraising Team, Birmingham Children's Hospital
Steelhouse Lane
Birmingham, England B4 6NH
United Kingdom

[Add us to your address book](#)

Want to change how you receive these emails?
You can [update your preferences](#) or [unsubscribe from this list](#)

Appendix 3: The Reminder email of BCHC



Birmingham
Children's Hospital
Charity

Dear Sophie,

I recently emailed you asking you to take part in our survey to understand more about what you know about us and how you feel about supporting Birmingham Children's Hospital Charity.

This survey is really important for us as we aim to improve the way we communicate with our supporters like you. Please click on the following link now, and follow the instructions:

[Take the Survey](#)

Or copy and paste the URL below into your internet browser:

https://plymouthbusiness.eu.qualtrics.com/jfe/form/SV_0vaw7l6yG0xYuuF?Q_DL=d5zbDr72qZgEpaB_0vaw7l6yG0xYuuF_MLRP_9B6Xqrmf7Facwld&Q_CHL=gj


The survey will close on 27 August 2017. We estimate that it will take around 10 minutes to complete the survey and we will be very grateful.

I'd like to assure you that all your answers will be kept completely confidential. To ensure this, the survey is being hosted on our behalf by a researcher at Hartsook Centre for Sustainable Philanthropy at Plymouth University who will collate responses and report back to us the results. Please be assured that we take your privacy very seriously, your personal data will not be passed to anyone else except in running this survey.

If you have any questions or concerns, you can contact Sophie Kong from Plymouth University at dejie.kong@plymouth.ac.uk, or feel free to contact me directly at paul.moore1@nhs.net.

I'd like to reiterate how grateful we are for your support.

With best wishes and thanks for your help in advance,



Paul Moore
Individual Giving Manager

PS If you would prefer not to take part, [please click here](#) and we will ensure that you do not receive any more emails about this survey.

Copyright © 2017 Birmingham Children's Hospital Charity. All rights reserved.
You have received this email because you asked to receive information by email from Birmingham Children's Hospital Charity.

Our mailing address is:
Birmingham Children's Hospital Charity
Fundraising Team, Birmingham Children's Hospital
Steelhouse Lane
Birmingham, England B4 6NH
United Kingdom

[Add us to your address book](#)

Want to change how you receive these emails?
You can [update your preferences](#) or [unsubscribe from this list](#)

Appendix 4: The Questionnaire used in Study 1 – BCHC Donor Survey

Section 1: Introduction and consent



Thank you for taking part in this survey. The survey is being conducted by Sophie Kong at Hartsook Centre for Sustainable Philanthropy at Plymouth University on behalf of Birmingham Children's Hospital Charity.

This survey has 33 questions. It will take less than 10 minutes on average. We will ask you about how you feel about Birmingham Children's Hospital Charity.

As an academic research study, we take the protection of your data very seriously. The survey does not ask for your name or any other information that might identify you. The information you provide will be held anonymously and will only be shared with Birmingham Children's Hospital Charity with your permission. We will ask for this at the end.

Participation in this study is entirely voluntary and you can withdraw anytime during the study. Any answers you provided up to the point of withdrawal will be deleted and will not be included in our analysis.

- I understand and agree to the above terms

Please click the above button to indicate that you have understood and agreed to the above terms.

If you have any concerns, please contact Paul Moor on paul.moore1@nhs.net, or Sophie Kong on dejie.kong@plymouth.ac.uk.

Section 2: Main section

Satisfaction

Below is a list of statements. Please indicate how much you agree or disagree with each statement. (1=Strongly disagree, 7 = Strongly agree)

- I am always thanked appropriately for any gift to Birmingham Children's Hospital Charity.
- Birmingham Children's Hospital Charity's fundraising communications are always appropriate in style and tone.
- Overall I am very satisfied with how Birmingham Children's Hospital Charity treats me as a donor.
- I feel Birmingham Children's Hospital Charity understands why I offer my support.
- Birmingham Children's Hospital Charity's communications always meet my needs for information.

Donor identity esteem

Below is a list of statements. Please indicate how much you agree or disagree with each statement. (1=Strongly disagree, 7 = Strongly agree)

Donor identity membership esteem

- I often feel I'm a very supportive donor of Birmingham Children's Hospital Charity.
- I feel I have much to offer to Birmingham Children's Hospital Charity.

Importance of donor identity

- Giving to Birmingham Children's Hospital Charity is an important reflection of who I am.
- Overall, being a Birmingham Children's Hospital Charity supporter has a lot to do with how I feel about myself

Trust

Below is a list of statements. Please indicate how much you agree or disagree with each statement. (1=Strongly disagree, 7 = Strongly agree)

- Birmingham Children's Hospital Charity can always be counted on to do what is right.
- I trust Birmingham Children's Hospital Charity to deliver the outcomes it promises for its beneficiaries.
- Birmingham Children's Hospital Charity can always be trusted.
- Birmingham Children's Hospital Charity can be counted on to use donated funds appropriately.

Intimacy

Below is a list of statements. Please indicate how much you agree or disagree with each statement. (1=Strongly disagree, 7 = Strongly agree)

Connectedness

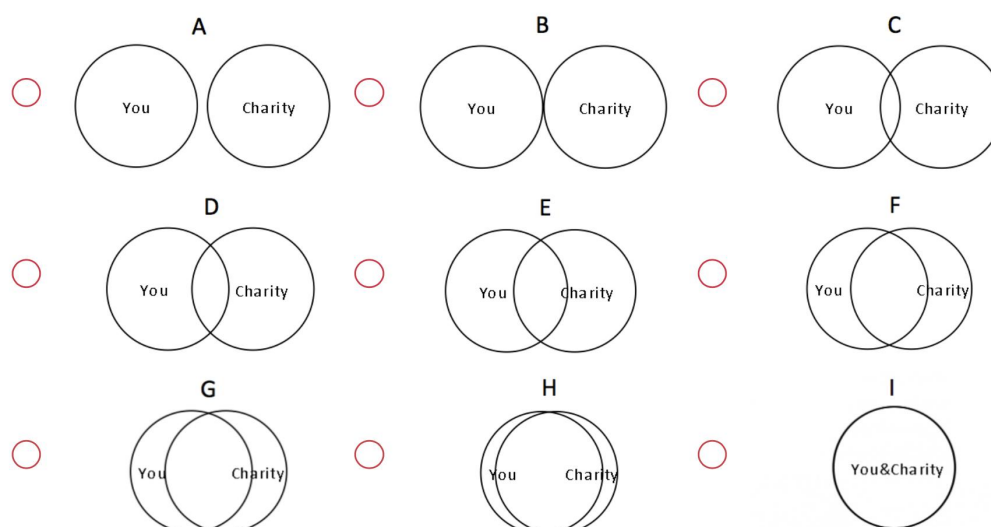
- I feel I'm attached to Birmingham Children's Hospital Charity.
- I feel connected with Birmingham Children's Hospital Charity.
- I feel bonded with Birmingham Children's Hospital Charity.

Warmth

- I always experience warmth in my experience with Birmingham Children's Hospital Charity.
- I feel great warmth when interacting with Birmingham Children's Hospital Charity.
- I always have a warm feeling when thinking about Birmingham Children's Hospital Charity's work.

Closeness

Please indicate which set of overlapping circles below best describes your relationship with Birmingham Children's Hospital Charity:



Commitment

Below is a list of statements. Please indicate how much you agree or disagree with each statement. (1=Strongly disagree, 7 = Strongly agree)

- ☐ Birmingham Children's Hospital Charity is working to achieve a goal that I care passionately about.
- ☐ The relationship I have with Birmingham Children's Hospital Charity is something I am very committed to.
- ☐ I care passionately about the work of Birmingham Children's Hospital Charity.

Donor loyalty

Please indicate how likely you are to (1=Very unlikely, 7=Very likely)

- ☐ Continue donating to Birmingham Children's Hospital Charity in the next year
- ☐ Increase your donation to Birmingham Children's Hospital Charity in the next year
- ☐ Recommend Birmingham Children's Hospital Charity to family and friends
- ☐ Leave Birmingham Children's Hospital Charity a gift in your will

Section 3: Demographics

What is your age? (number only)

What is your gender?

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

Please indicate your relationship status

- ☐ Now married
- ☐ Now civil partnered
- ☐ Now cohabiting couple
- ☐ Separated
- ☐ Divorced
- ☐ Never married, and not currently in a close relationship
- ☐ Never married, but currently in a close relationship
- ☐ Widowed/widower
- ☐ Prefer not to say

What is the highest level of formal education you have completed?

- ☐ Year 10 or less

- GCSE-level (or equivalent)
- A-levels (or equivalent)
- 1-3 years of University
- Undergraduate degree
- Graduate degree (i.e. MA, MD, MSc, PhD)
- Prefer not to say

As we mentioned before, your responses will be kept entirely anonymous. However, if you are happy for X Client to see and record your responses, please tick the following box.

- I'm happy for [Your Charity] to see my responses and keep a record of them
- I would prefer to keep my responses anonymous

Section 1: Landing page

Welcome to this HIT.

To complete the study successfully, it is very important that you take time and read the instructions carefully and understand what they are asking you to do.

Thank you for your participation. Please start the study.

Section 2: Digital consent form

Title of Research: Human Psychology

What is the purpose of the study?

There are many factors that are known to influence how and why people behave the way they do, however there is much that is still unclear about how these different aspects influence each other. This research project investigates a range of different aspects of human psychology.

Who can take part?

We are asking people aged 18+ to take part in the study by completing this questionnaire.

What do I have to do?

You can take part in the study by filling in this questionnaire. It includes questions about your personal perspectives on life. It also includes information that is publicly available. It should take about 20 minutes.

What will happen to the information that I give?

The questionnaires will only be accessible to members of the research team and will be kept securely, in strict accordance with [Plymouth University's data protection policy](#). An analysis of the information will form part of our report at the end of the study, which may be published. At a later stage, the findings may also be reported to academic or professional audiences in journals, presentations or a book.

Who are the researchers and who is funding the research?

Ms Sophie Dejie Kong, Plymouth University, is the principal researcher at the Faculty of Business. Plymouth University is funding the research.

Can I withdraw from the study?

You can withdraw anytime during the study. As we do not ask your name in the form we would not be able to trace your questionnaire once you have submitted.

Will my taking part be confidential?

The questionnaire does **not** ask for your name or for any other information that might identify you. The information you provide will be held totally anonymously making it **impossible** to trace it back to you.

Do I have to take part?

Taking part in the study is **entirely voluntary**.

- I am over 18 and I understand and accept the above statement

If you would like further information about the study please do not hesitate to contact Ms Sophie Dejie Kong via dejie.kong@plymouth.ac.uk at Plymouth University, Drake Circus, Plymouth, PL4 8AA, UK

Section 3: We-Care Scenario & 7 cases



We-Care is a local nonprofit organisation that takes actions to promote family welfare by helping people in need, especially children, women, and the homeless, and giving hope and love for life.

We-Care runs different campaigns. It also works with other agents to provide professional advice on different issues.

We-Care is largely supported by charitable donations made by its supporters.

PLEASE IMAGINE, We-Care is a local charity that provides services for all people in your local community, including you, your family, and your friends.

You have followed We-Care's work for a few years.

You are also a donor of We-Care. You have donated to We-Care a few times every year for the past four years.

To make sure you understand the scenario, please answer the following questions:

1. In this scenario, how often do you make donations to We-Care?

- ☐ Once a year
- ☐ Twice a year
- ☐ A few times a year
- ☐ None

2. How many years have you been donating to We-Care?

- ☐ 1 year
- ☐ 2 years
- ☐ 3 years
- ☐ 4 years

(above questions required single option, people won't pass unless they answered correctly)

Here are some issues that We-Care works on.

Please read these scenarios and rate how important you think these issues are to you personally.

Case 1: Protect children from being abused and neglected



We might have noticed bruises on children that seem concerning, but we are not sure if these children are abused. We might sometimes be worried if children are neglected because we hear them crying in distress.

Our initial reaction may be to dismiss it or try to prove it's not true. But it's vital that we report our concerns if we feel children are in danger.

By not reporting our concerns it may mean that the abuse will continue.

Whether we are the children's parents, relatives, friends or neighbors, we shouldn't let anything stop us from protecting them.

Q: I believe this issue is important to me personally. (7-point Likert Scale)

1 Disagree - 7 Agree

Case 2: Turn a blind eye



It's all too easy to turn a blind eye to domestic abuse. But by turning away, we fail to stand up to it. It remains a taboo. This is unacceptable.

The Blind Eye awareness-raising campaign aims to challenge a culture that allows domestic abuse to thrive. By pioneering and using the power of cutting-edge technology, we make sure that nobody can turn away.

Blind Eye aims to help us understand that we all play a role in eradicating domestic abuse.

We cannot turn a blind eye.

Q: I believe this issue is important to me personally. (7-point Likert Scale)

1 Disagree - 7 Agree

Case 3: Everyone deserves a safe home



When Shandor became disabled after an accident at work, he fell behind on rent and had to leave his home.

As well as worrying about a place to live, Shandor was terrified that he would lose access to his seven-year-old son Billy, who stays with him at weekends.

“I was just thinking ‘What happens now, where am I going to sleep? Where am I going to shower? Where’s my son going to go? Am I still going to be able to have access to him?’”

Shandor finally found a place in a homeless shelter, where he spent Christmas last year, but this is only temporary. He still needs to find a home of his own.

We-Care stands up and cares for people like Shandor, operating a helpline that the homeless can call for assistance and advice.

Q: I believe this issue is important to me personally. (7-point Likert Scale)

1 Disagree - 7 Agree

Case 4: Mental health of children



We all may feel down sometimes, but depression is more than this. People with depression feel sad for long stretches at a time – and this can be experienced by young people as well as adults.

It is similar with anxiety. Everyone feels nervous from time to time. But some people find it hard to control their feelings of anxiety.

Children and young people can find it especially difficult to express their feelings and open up to others. If they are suffering from depression they may feel like there is no hope and find it difficult to imagine ever being happy again. If they are highly anxious they may be worried about talking to someone about how they feel.

We-Care thinks that it is important a child or young person gets the right help whenever they need it for mental health problems.

Q: I believe this issue is important to me personally. (7-point Likert Scale)

1 Disagree - 7 Agree

Case 5: Demand a safer online world for children



The law is there to keep children safe. So that the films they see are suitable for their age. So that they can't just walk into sex shops. And so that toys are made with their safety in mind.

But the law doesn't give children the same protection online.

Right now, the government is working on new digital laws. We-Care is working on campaigns to demand:

- websites, games and apps meet minimum safety standards
- moderators are trained to spot signs of bullying online

- simple steps are put in place to prevent children from coming across sexual and violent content.

Q: I believe this issue is important to me personally. (7-point Likert Scale)

1 Disagree - 7 Agree

Case 6: Stay safe away from home



It is something every parent experiences. The day that their child starts asking if they can go out on their own or with friends.

Just like deciding when a child is old enough to be left at home on their own, there is no set age when you know it will be safe for them to go out without you.

Obviously, toddlers and young children won't be able to stay safe without you watching over them, and even older children have different levels of maturity.

We-Care provides advice on child protection and safeguarding, training, resources and toolkits for sports clubs and organisations. We can help to ensure the welfare of children and protect them from harm.

Q: I believe this issue is important to me personally. (7-point Likert Scale)

1 Disagree - 7 Agree

Case 7: Prevent youth homelessness



The best way to tackle homelessness and to protect young people from the devastating impact it can have, is to prevent it from happening altogether.

Many young people we support became homeless due to family relationship breakdowns. Poverty, domestic violence, unemployment and poor mental health are all issues that can spiral out of control and make a family home unliveable.

Our research has shown us that families need support to prevent problems at home from escalating to the point that a young person has no choice but to leave.

We-Care works with professional social institutions to support and improve services for young people at risk of homelessness.

Q: I believe this issue is important to me personally. (7-point Likert Scale)

1 Disagree - 7 Agree

Section 4: Manipulation

Section 4.1: high trust/low esteem

NOW PLEASE TAKE TIME TO READ THE FOLLOWING SCENARIO CAREFULLY.

TO REMIND YOU, We-Care is a local charity that provides services for all people in your local community, including you, your family and your friends.

You have followed We-Care's work for a few years.

You are also a donor of We-Care. You have donated to We-Care a few times every year for the past four years.

Nothing has changed since you first got to know them.

You trust We-Care deeply.

You are confident that We-Care always does whatever they promise.

You know they will use the donations wisely.

You have experienced how effectively they worked on doing the right thing in the past, and you are certain that they will do the same in the future.

But, giving to We-Care has never made you feel empowered.

You never felt that you had a lot to offer.

You didn't feel like you were becoming more and more supportive of them over time.

Your relationship with We-Care has never felt an important part of who you are.

Helping We-Care is not at the core of your sense of self.

Section 4.2: low trust/high esteem

NOW PLEASE TAKE TIME TO READ THE FOLLOWING SCENARIO CAREFULLY.

TO REMIND YOU, We-Care is a local charity that provides services for all people in your local community, including you, your family and your friends.

You have followed We-Care's work for a few years.

You are also a donor of We-Care. You have donated to We-Care a few times every year for the past four years.

Recently, a new CEO was recruited. News about We-Care has become less positive.

You began to doubt whether you can trust We-Care.

You cannot be confident that We-Care will now do whatever they promise.

You do not know if they will use the donations wisely.

Although you have experienced how effectively they worked on doing the right thing in the past, you are no longer certain that they will do the same in the future.

You feel bad for them because giving to We-Care has always made you feel empowered.

You felt that you had a lot to offer.

You felt like you were becoming more and more supportive of them over time.

Your relationship with We-Care is a very important part of who you are.

Helping We-Care is at the core of your sense of self.

Section 4.3: low trust/low esteem

NOW PLEASE TAKE TIME TO READ THE FOLLOWING SCENARIO CAREFULLY.

TO REMIND YOU, We-Care is a local charity that provides services for all people in your local community, including you, your family and your friends.
You have followed We-Care's work for a few years.
You are also a donor of We-Care. You have donated to We-Care a few times every year for the past four years.

Recently, a new CEO was recruited. News about We-Care has become less positive.
You began to doubt whether you can trust We-Care.
You cannot be confident that We-Care will now do whatever they promise.
You do not know if they will use the donations wisely.
Although you have experienced how effectively they worked on doing the right thing in the past, you are no longer certain that they will do the same in the future.

To make matters worse, giving to We-Care has never made you feel empowered.
You never felt that you had a lot to offer.
You didn't feel like you were becoming more and more supportive of them over time.
Your relationship with We-Care has never felt an important part of who you are.
Helping We-Care is not at the core of your sense of self.

Section 4.4: high trust/high esteem

NOW PLEASE TAKE TIME TO READ THE FOLLOWING SCENARIO CAREFULLY.

TO REMIND YOU, We-Care is a local charity that provides services for all people in your local community, including you, your family and your friends.
You have followed We-Care's work for a few years.
You are also a donor of We-Care. You have donated to We-Care a few times every year for the past four years.

Nothing has changed since you first got to know them.
You trust We-Care deeply.
You are confident that We-Care always does whatever they promise.
You know they will use the donations wisely.
You have experienced how effectively they worked on doing the right thing in the past, and you are certain that they will do the same in the future.

In addition, giving to We-Care has always made you feel empowered.
You felt that you had a lot to offer.
You felt like you were becoming more and more supportive of them over time.
Your relationship with We-Care is a very important part of who you are.
Helping We-Care is at the core of your sense of self.

Section 4.5: Manipulation check (donor identity esteem, trust)

Please imagine you are a donor of We-Care. Now think about your relationship with We-Care and answer the following questions.

Please indicate how much you agree or disagree with each statement. (1 = strongly disagree, 7 = strongly agree)

Donor identity membership esteem

- I often feel I am a very supportive donor of We-Care.
- I feel I have much to offer to We-Care.

Importance of donor identity

- Overall, being a We-Care supporter has a lot to do with how I feel about myself.
- Giving to We-Care is an important part of who I am.

Please indicate how much you agree or disagree with each statement. (1 = strongly disagree, 7 = strongly agree)

- I trust We-Care to deliver the outcomes it promises for its beneficiaries in the future
- We-Care can always be counted on to do what is right
- We-Care can always be trusted
- We-Care can be counted on to use donated funds appropriately in the future
- This is an attention question and please answer 'Agree'

Section 5: Giving amount

Imagine that you attended an event run by We-Care and a volunteer asked you for a donation.

How much would you be likely to contribute (in dollars)?
(0 → 500, Donation in dollars)

Section 6: Intimacy

Connectedness

Below is a list of statements. Please indicate how much you agree or disagree with each statement.

- I feel I'm attached to We-Care.
- I feel bonded with We-Care.
- I feel connected with We-Care.

Warmth

- This is an attention question again and please answer 'Strongly disagree' for this question.
- I feel great warmth when interacting with We-Care.
- I always experience warmth in my experience with We- Care.
- I always have a warm feeling when thinking about We-Care.

Closeness

Please indicate which set of overlapping circles below best describes your relationship with We-

Care:



Section 7: Mediators

Section 7.1: Affective empathy

To what extent do you agree or disagree with the following statements? (1 = strongly disagree, 7 = strongly agree)

- If I heard that a person was upset, and suffering in some way, I would also feel upset.
- If I saw a person being treated unfairly, I think I would feel angry at the way they were being treated.
- If a person I know was feeling sad, I think that I would also feel sad.
- This is an attention check question so please select 'Disagree'.

Section 7.2: Charity support importance

To what extent you agree or disagree with the following statements? (1 = strongly disagree, 7 = strongly agree)

- Supporting nonprofits like We-Care that help people in need to have a better life is important to me.
- I could see myself giving to support nonprofits like We-Care that help people in need to have a better life.
- Nonprofits like We-Care that have the goal of helping people in need make this world a better place to live.
- I can identify with nonprofits that have the goal of helping people in need.

Section 7.3: Encouragement & Uplifting

How much do you feel the following after making the hypothetical donation decision to pledge to We-Care? (1 = not at all, 7 = very much)

- Heartened
- Disheartened
- Disappointed
- Let down
- Discouraged
- Encouraged
- Uplifted

- Invigorated

Section 7.4: Donor identity reinforcement

To what extent you agree or disagree with the following statements? (1 = strongly disagree, 7 = strongly agree)

- Every time I make a charitable donation, I feel even better about being a charity supporter.
- Making as many donations as I can makes me feel like a good charity supporter.
- Giving as much as I can is central to my sense of being a good charity supporter.
- The number of ways that I support a charity is a good indicator of how important being a supporter of that charity is to me.

Section 8: Commitment

How much do you agree with the following statements? (1 = strongly disagree, 7 = strongly agree)

- The relationship I have with We-Care is something I am very committed to
- I care passionately about the work of We-Care
- We-Care is working to achieve a goal that I care passionately about

Section 9: Conflicting & Difficulty

Please recall the previous scenario when you were asked to imagine the feelings and giving decisions of being a We-Care donor.

How conflicting was it for you to imagine being a We-Care donor?

1 - Not conflicting at all

7- Very conflicting

How difficult was it for you to decide the donation amount?

1- Very easy

7- Very difficult

Section 10: Demographics

What is your age? (number only)

What is your gender?

- Male
- Female
- Prefer not to say

What is your ethnicity?

- Caucasian
- African-American
- Asian/Pacific Islander
- Hispanic
- Native American
- Middle Eastern
- Other (Please specify)

Please indicate your relationship status

- Now married
- Now civil partnered
- Now cohabiting couple
- Separated
- Divorced
- Never married, and not currently in a close relationship
- Never married, but currently in a close relationship
- Widowed/widower
- Prefer not to say

How many children do you have?

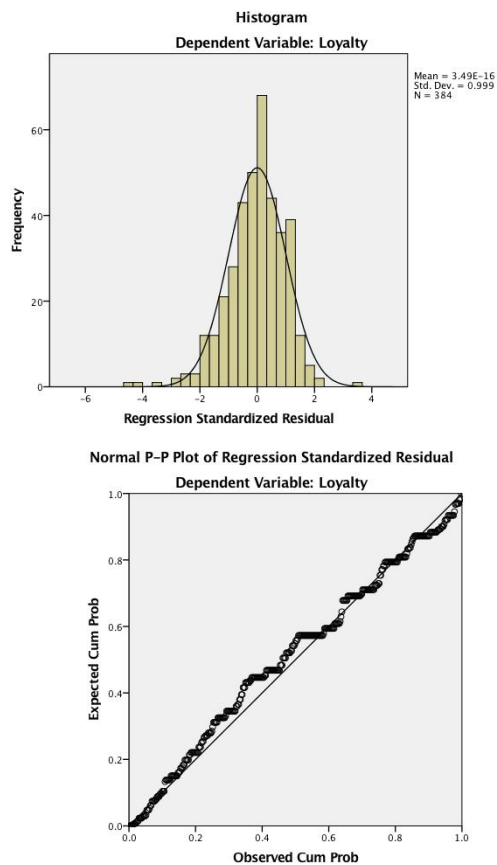
- ☐ None
- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four and more

What is the highest level of formal education you have completed?

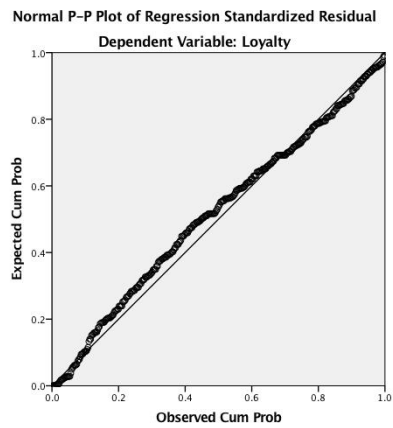
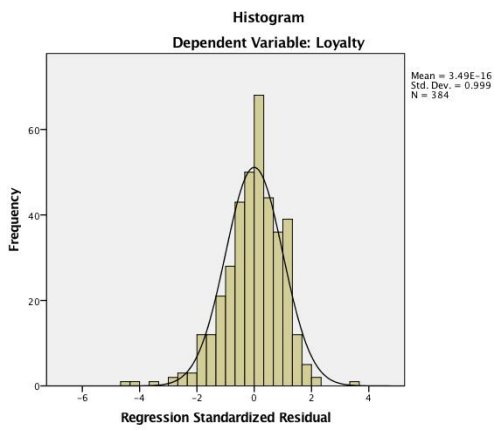
- ☐ High School Degree
- ☐ College Degree
- ☐ Master's Degree
- ☐ Ph.D., M.D., or J.D
- ☐ Prefer not to say

Appendix 6. Histograms and P-P Plot for Normality Test in Study 1

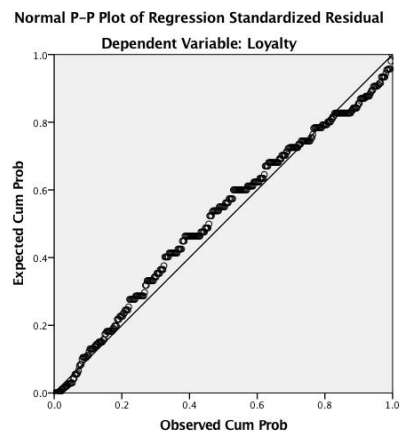
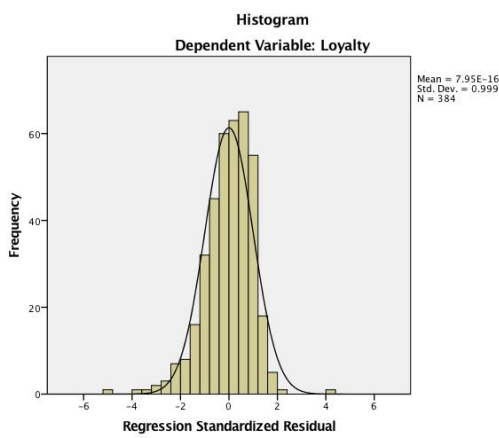
Trust



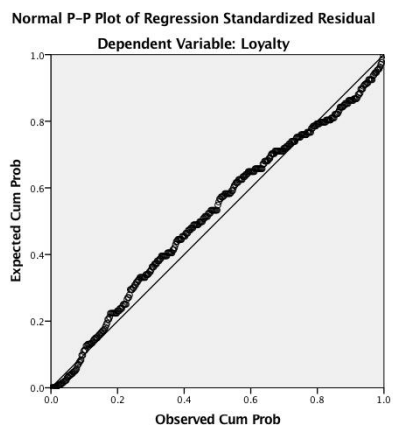
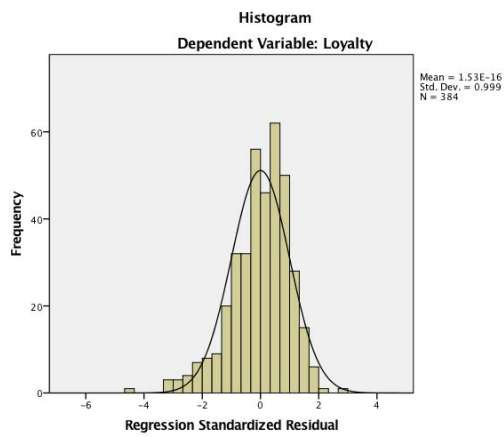
Intimacy



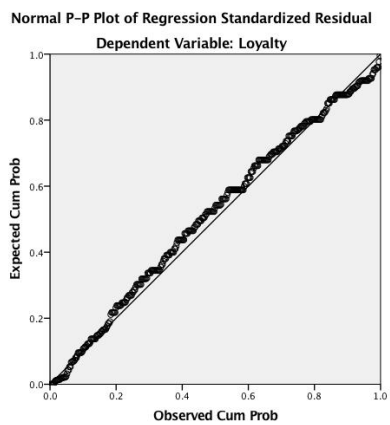
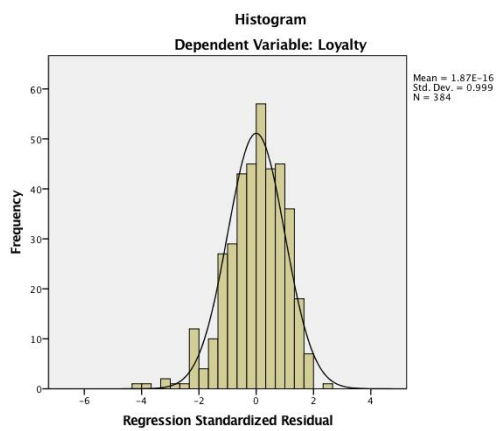
Commitment



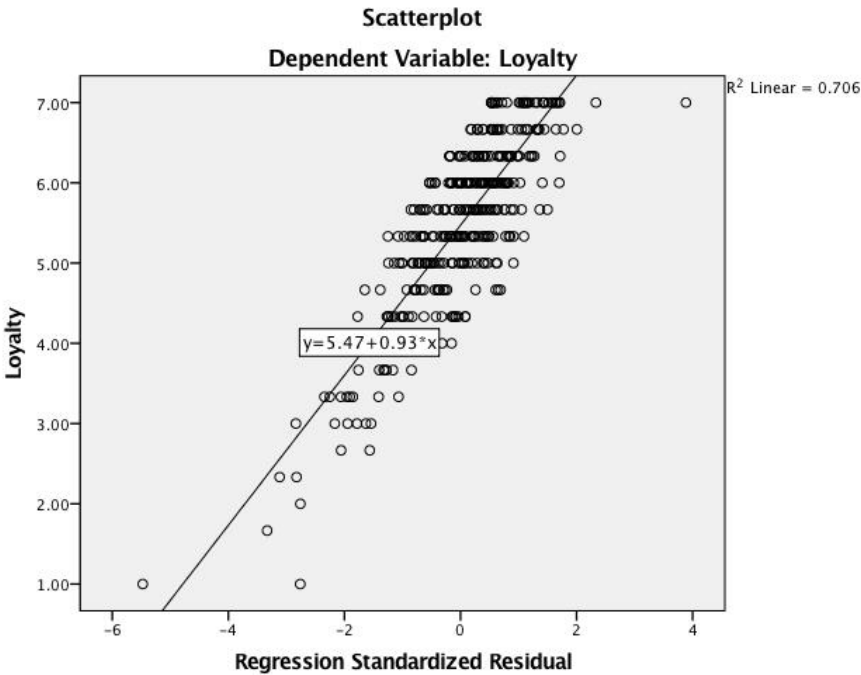
Donor Identity Esteem



Satisfaction



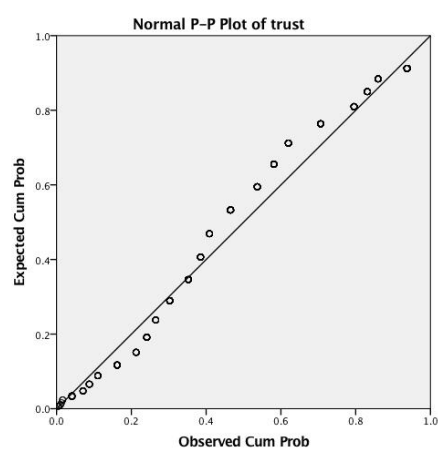
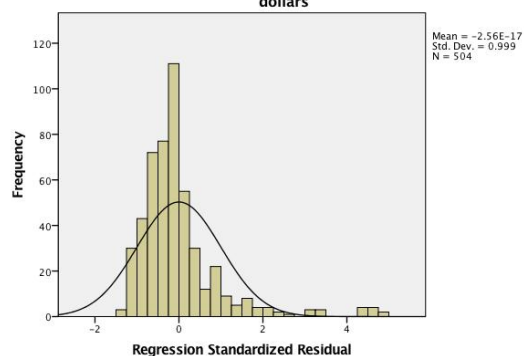
Appendix 7. Scatterplots for homoscedasticity test in Study 1



Appendix 8. Histograms and P-P Plots for Normality Test in Study 2

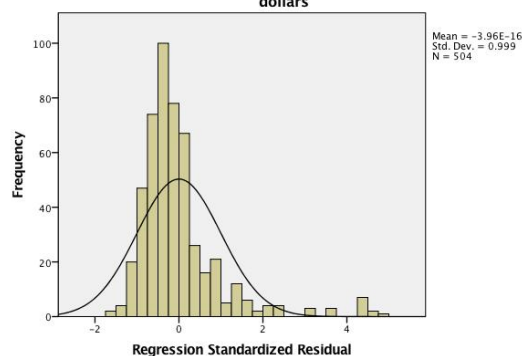
Trust

Histogram
Dependent Variable: Imagine that you attended an event run by We-Care and a volunteer asked you for a donation.
How much would you be likely to contribute (in dollars)? – Donation in dollars



Intimacy

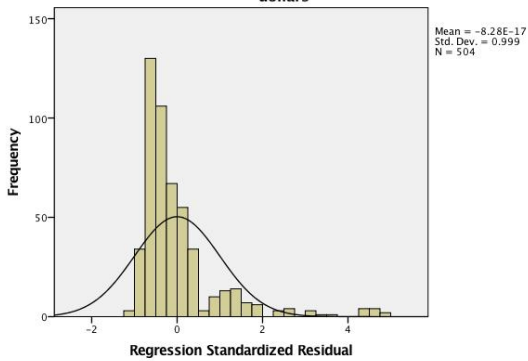
Histogram
Dependent Variable: Imagine that you attended an event run by We-Care and a volunteer asked you for a donation.
How much would you be likely to contribute (in dollars)? – Donation in dollars



Affective empathy

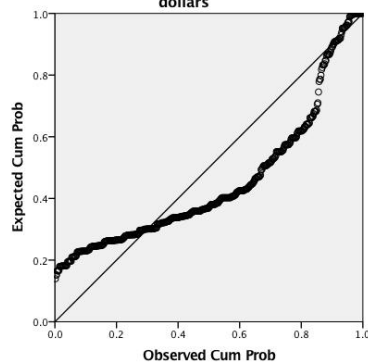
Histogram

Dependent Variable: Imagine that you attended an event run by We-Care and a volunteer asked you for a donation.
How much would you be likely to contribute (in dollars)? – Donation in dollars



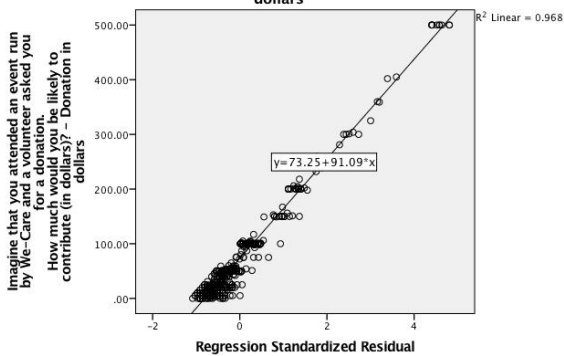
Normal P-P Plot of Regression Standardized Residual

Dependent Variable: Imagine that you attended an event run by We-Care and a volunteer asked you for a donation.
How much would you be likely to contribute (in dollars)? – Donation in dollars



Scatterplot

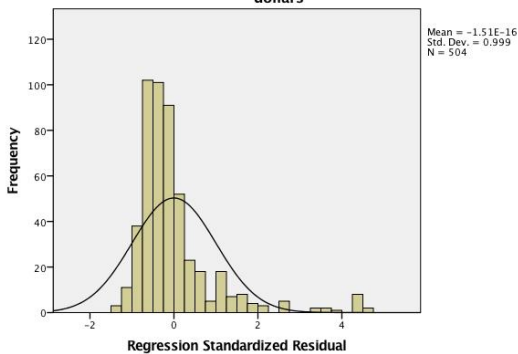
Dependent Variable: Imagine that you attended an event run by We-Care and a volunteer asked you for a donation.
How much would you be likely to contribute (in dollars)? – Donation in dollars



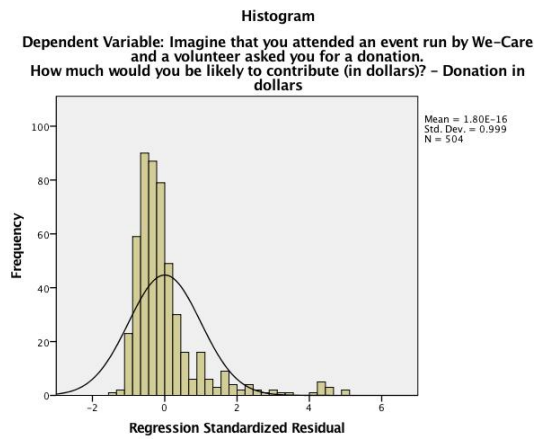
Charity support importance

Histogram

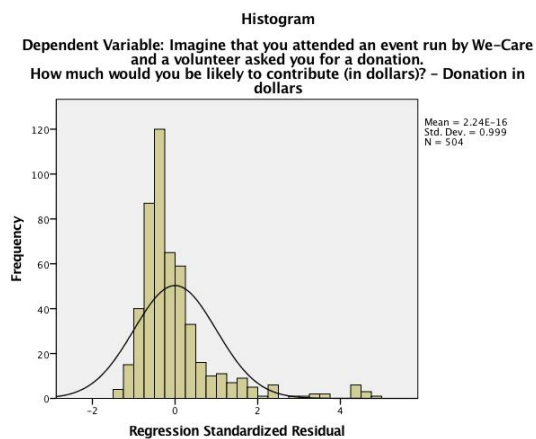
Dependent Variable: Imagine that you attended an event run by We-Care and a volunteer asked you for a donation.
How much would you be likely to contribute (in dollars)? – Donation in dollars



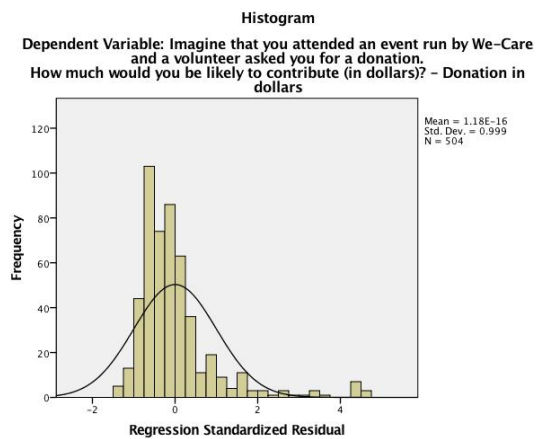
Encouragement & Uplifting



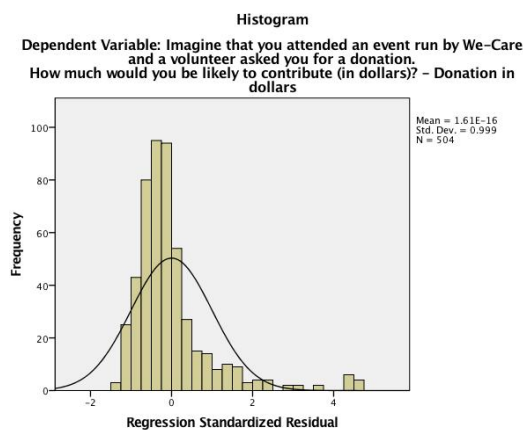
Donor identity reinforcement



Commitment



Identity



Appendix 9: The Ethics Form



Date: 01 February 2018

Dear Dejie,

Ethical Approval Application No: FREIC1617.21
Title: Exploring the concept, role and effect of intimacy in donor-charity relationship

Thank you for your application to the Faculty Research Ethics & Integrity Committee (FREIC) seeking ethical approval for your proposed research.

The committee has considered your revised application and is fully satisfied that the project complies with Plymouth University's ethical standards for research involving human participants.

Approval is for the duration of the project. However, please resubmit your application to the committee if the information provided in the form alters or is likely to alter significantly.

The FREIC members wish you every success with your research.

Yours sincerely
(Sent as email attachment)

Dr James Benhin
Chair
Faculty Research Ethics & Integrity Committee
Faculty of Business

Faculty of Business

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