





## The Gobel Group

Hospitals everywhere -- from academic medical centers to small community hospitals -- are always asking -- how can we raise more money, find more prospects, and increase the productivity of our development team. The proven answer to these questions is through the effective and meaningful engagement of physicians in your philanthropic program.

Founded in 2011, the Gobel Group has quickly grown to be the leader in healthcare philanthropy by helping clients operationalize a process for physician engagement. The results for clients are more visits, more asks, more and larger gifts closed, and a significant increase in total philanthropic dollars raised.

Working with more than 200 hospitals in the United States and abroad, the Gobel Group works exclusively in health care, focusing their expertise on helping clients partner with physicians. Gobel consultants have an average of 20 years of experience from the top healthcare programs in the United States: Johns Hopkins, Cleveland Clinic, among many others. The combination of their experience and their proven physician engagement program is unique in the industry.

#### THE HEALING POWER OF PHILANTHROPY

A Gobel Group White Paper

# Part of the Healing Process

Grateful patient philanthropy programs, as their name suggests, are a way for patients to express their gratitude through philanthropy to the physicians, nurses, and other caregivers. The donor's gratitude is in direct response to the high quality, clinical excellence and exceptional experience they have had in the course of their healthcare encounter (Stewart et al. 2011). These grateful patients have had the kind of care from providers every hospital and health system is working hard to achieve.

Grateful patients will often say to care providers, "What may seem ordinary to you is extraordinary to me. I feel so fortunate to have had such exceptional care." This patient gratitude and its resulting philanthropy are tangible outcomes of the myriad ways organizations are working to drive exceptional patient experience.

### Gratitude is Good for Health

Clinical research provides compelling evidence that highlights the role of philanthropy in patient encounters. Expressions of gratitude, such as those made by a grateful patient, have been linked to an increased ability to cope with stress, a stronger immune function, quicker recovery from illness, lower blood pressure, increased feelings of connectedness which improves relationships and well-being, greater joy, optimism and increased generosity and compassion (Emmons 2010). In a review article published by Harvard Health Publications in November 2011, the authors put it quite succinctly "expressing thanks may be one of the simplest ways to feel better" (*The Harvard Mental Health Letter*, November 2011).



### Happy Patients and Improved Health

When those expressions of gratitude are linked with a wish to make a philanthropic gift, it causes happiness. A study published in *Science* by Harvard Business School in 2008 showed spending money on others causes happiness more than spending on oneself (Dunn et al. 2008). People who participate in charitable giving are 43 percent more likely to report they are "very happy" than non-givers, while non-givers are three and a half times more likely than givers to report they are "not happy at all" (Brooks 2007). People who give and experience happiness are more likely to give again in the future, causing more happiness and making them more likely to give again, in a self-perpetuating cycle (Aknin et al. 2012).

By understanding the healing benefits of philanthropy, clinicians can become comfortable with their participation in the philanthropic process.

Happiness has also been linked to good health. Beyond the immediate elevated mood experienced when people feel happy, happiness has been shown to add as much as nine years to life expectancy (Emmons 2007) and can reduce blood pressure and the risk of cardiovascular disease (Fredrickson 1998).

Similarly, charitable giving has been linked to many physical health improvements including a stronger immune response, decreased levels of stress hormones, a quicker cardiovascular recovery from stress, increased long term survival in HIV/AIDS patients, decreased blood pressure,

and decreased viral loads (Konrath 2013). The suggestion has also been made that charitable giving at high rates of frequency may protect patients from the on-set of new health issues when faced with a new stressor (Poulin et al. 2013). Finally, charitable giving was shown to reduce overall mortality rate in older adults by as much as 47 percent (Okun et al. 2013).

### Creating a Culture of Gratitude

For decades, philanthropy programs have focused on the goal of creating a culture of philanthropy at hospitals. For most, this goal has not been attained. Frequently this is because clinicians, hospital leaders, and other hospital employees think about philanthropy as a financial transaction, not a transformative

Everyone whose work touches the patient must understand that their work has the potential to create gratitude for patients, and that this gratitude may spark a desire to make a gift.

experience for patients. Based on a growing body of research, it is time to change this mindset and focus on the role of gratitude and giving back in the healing process. Institutions and individual clinicians who learn to think and behave differently towards grateful patients will help these patients to find meaning and purpose in their experiences.

The relationship between the patient and their clinician is of the utmost importance. The philanthropy team supports this relationship by facilitating the expression of gratitude. That's why it is essential to create a grateful patient philanthropy program that is focused on building a **culture of gratitude** across the organization. Everyone whose work touches the patient must understand that their work has the potential to create gratitude for patients, and that this gratitude may find expression in a philanthropic gift. The key is to recognize, accept and welcome the gratitude being expressed and when a patient expresses an interest in giving back, to know how to refer that patient to the philanthropy office.



Hospital leaders talk about patient satisfaction and developing service recovery plans every day. But how much time are they spending teaching employees how to accept gratitude from patients? Usually, not very much. Yet, research shows that operationalizing a program to help clinicians and employees learn how to accept gratitude will likely improve patient satisfaction scores and could have a powerful impact on a patient's compliance with treatment. Such compliance will favor a reduction in readmission rates, among other benefits.

The Philanthropy office has an important role to play in creating and fostering a culture of gratitude. It is the job of the Philanthropy team to partner with physicians and clinicians to identify grateful patients and then, with the knowledge and participation of the referring physician or clinician, to engage the patient in a discussion of the patient's desire to make a gift. The relationship between the patient and their clinician is of the utmost importance. The philanthropy team supports this relationship by facilitating the expression of gratitude.

The goal of this effort is to systemize the process, conceptualize collateral materials, and provide the technological tools to make it seamless and comfortable for physicians to make referrals. Examples of tools philanthropy offices can use to make this engagement easy and efficient are:

- Smartphone apps for referral of patient names
- Built-in "orders" inside an organization's EMR
- Written and video physician champion "cases for support"
- Physician web landing pages
- Philanthropy officer referral cards and posters
- Customized letters, emails, phone and in-person scripts for physicians to use when introducing the philanthropy officer
- Grateful patient stories on video

The Philanthropy officer will partner with each physician and clinician to create a customized process based on best practices.

# Benchmarks of a Successful Grateful Patient Program

- Research conducted by the Gobel Group finds the ideal ratio of Physician Champions per philanthropy officer is 10 to 1. Therefore, if a philanthropy office has 4 philanthropy officers, the team would want to identify 40 prospective physician champions. Once the list of prospective physician champions has been developed, it should be reviewed with key leadership. By engaging senior leaders in the vetting process, they will feel ownership over the list and program.
- Based upon work by the Gobel Group, after approximately six to twelve months of implementation, a hospital will see an average of two to four new patient names identified each month from each physician. If your philanthropy program has four philanthropy officers and forty physicians engaged, programs can identify between 150 and 250 new suspects each month.
- If the philanthropy program is identifying 200 new suspects each month, approximately 25 percent, or in this case 50, of those names identified can be expected to result in a qualification visit. Therefore, each philanthropy officer can count on generating approximately 10 new qualification visits each month, using the rest of their time to manage their existing portfolio of prospects. If the philanthropy officer doesn't have time to make 10 new visits each month, the philanthropy program can elect to reduce the number of new suspects contacted for qualification visits.



#### Conclusion

Philanthropy has a unique ability to unlock the power of gratitude to help patients heal. When a patient is grateful for the care they have received, they are motivated to donate. When they donate, and express their gratitude, they are happier. When they are happier, they can make decisions that will help them to live longer lives.

Ultimately, an integrated grateful patient philanthropy program creates the environment and relationships which drive exceptional care and, ultimately more philanthropic revenue is generated for the organization. Through these additional resources, hospitals may find a pathway to support investments in the people, programs, facilities, and technology they need to create sustainable organizations in the future.

Grateful patient
philanthropy programs are
a continuation of the
clinical experience and an
extension of the patient's
healing journey.

Chad Gobel is founder and CEO of the Gobel Group, the leader in engaging physicians in the philanthropic process to build robust grateful patient philanthropy programs that drive more and larger major gifts. Chad Gobel has more than 20 years of experience in philanthropic programs, including time as Associate Chairman of Development at The Cleveland Clinic and Chief Development Officer at the University of Rochester Medical Center. Alisa Stetzer, Senior Consultant for Strategic Research at Gobel Group, has 15 years' experience in identifying, developing and implementing best practices in hospital clinical strategy and operations.



#### References

- Aknin, Lara, Dunn, Elizabeth and Norton, Michael. 2012. "Happiness Runs in Circular Motion: Evidence for a Positive Feedback Loop Between Prosocial Spending and Happiness." *Journal of Happiness Studies*. 13: 347-355.
- Brooks, Arthur. 2007. Who Really Cares: The Surprising Truth about Compassionate Conservatism. New York: Basic Books.
- Dunn, Elizabeth, Aknin, Lara and Norton, Michael. 2008. "Spending Money on Others Promotes Happiness." *Science*. 319: 1687-1688.
- Emmons, Robert. 2007. *Thanks! How the New Science of Gratitude Can Make you Happier*. Boston: Houghton Mifflin.
- Emmons, Robert. 2010. "Why is Gratitude Good?" *Greater Good: The Science of Meaningful Life*. Online article. November 16, 2010. Accessed February 28, 2014 online at <a href="http://greatergood.berkeley.edu/article/item/why">http://greatergood.berkeley.edu/article/item/why</a> gratitude is good /.
- Fredrickson, Barbara. 1998. "What Good are Positive Emotions?" *Review of General Psychology*. 2(3): 300-316.
- "In Praise of Gratitude". 2011. *The Harvard Mental Health Letter*, November 2011. http://www.health.harvard.edu/newsletters/Harvard\_Mental\_Health\_Letter/2011/November/in-praise-of-gratitude.
- Konrath, Sara. 2013. "The Power of Philanthropy and Volunteering". In *Wellbeing: A Complete Reference Guide. Volume 6: Interventions and Policies to Enhance Wellbeing.* Felicia Huppert and Cary Cooper (Eds). Malden, MA: Wiley Press.
- Okun, Morris, WanHeung Yeung, Ellen and Brown, Stephanie. 2013. "Volunteering by Older Adults and Risk of Mortality: A Meta-Analysis". *Psychology and Aging*. 28(2): 564–577.
- Poulin, Michael, and Holman, E. Alison. 2013. "Helping Hands, Healthy Body? Oxytocin Receptor Gene and Prosocial Behavior Interact to Buffer the Association Between Stress and Physical Health". *Hormones and Behavior*. 3: 510-517.
- Stewart, Rosalyn, Wolfe, Leah, Flynn, John, Carrese, Joseph, and Wright, Scott. 2011. "Success in Grateful Patient Philanthropy: Insights from Experienced Physicians." *American Journal of Medicine*. 12: 1181-1185.