

Understanding Gratitude:
**The Connection Between
Healing and Philanthropy**



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Since the establishment of healthcare in the United States in mid-18th century Philadelphia (*Williams 1976*), involving clinicians in grateful patient philanthropy has remained a challenging concept. The connection between clinicians and gratitude becomes more plausible when considering the true definition of philanthropy and the healing power that giving back can have for grateful patients and families.

Philanthropy, in its original Greek derivation, means “love of mankind” and aligns with the daily roles of physicians and nurses.

First, the word “philanthropy” derives from the ancient Greek meaning “love of mankind.” When considering that a “gift” is not about money but, rather, about people wanting to help others, the connection between healing and philanthropy aligns directly with the daily roles of physicians and nurses.

Second, when considering all the ways in which a grateful patient can express their gratitude (writing a thank you note, giving a hug, volunteering, bringing gifts to nurses, etc.), philanthropy is actually part of the healing process. Scientific, medical, and psychological research/studies, when viewed on proper continuum, prove philanthropy, in its truest sense, can and should be part of a clinician’s daily professional life.



The Continuum from Care to Healing

Extraordinary Care Leads to Gratitude

The continuum from care to healing includes a simple concept-- a great experience leads to gratitude. The reason people feel gratitude in their healthcare experience is not directly correlated to their clinical outcome. Hospitals measure outcomes very closely, as they should; but, outcomes are not a primary driver of the patient experience. A 2011 study uncovered five reasons why patients have gratitude for their caregivers:

- The quality of the patient-physician relationship
- How well patients felt their doctors communicated with them

- How much respect and fairness patients felt they received
- The involvement of the patient in setting treatment goals
- The frequency of any patient-physician communications outside of the office setting such as email or phone calls (*Alexander*)

While clinicians view their interactions with patients as part of their daily routine, patients interpret the talent, dedication, and actions of clinicians as truly extraordinary. As a result, patients develop gratitude for clinicians as part of their healing process.

“ It is also true that gratitude is a motive of philanthropy, as in gifts given to hospitals and schools in gratitude for what these institutions may have done for the benefactor or his or her family.”

—Ceaser (2011)

Gratitude Leads to Giving

Once experiencing gratitude, patients are led to “giving.” The natural progression from gratitude to giving is explained by the theory of “equity.” In his work on Equity Theory, J. Stacy Adams posits that the best relationships are based on a sense of equality. When an imbalance exists in the relationship, a sense of “distress” is experienced from the one who feels that they “owe” the other person. In fact, Adams created a mathematical formula to calculate the equalization of the relationship (*Adams, 1963*).

Those who feel that they “owe” a debt to someone need to act to re-equalize the relationship.

$$\frac{\text{individual's outcomes}}{\text{individual's own input}} = \frac{\text{relational partner's outcome}}{\text{relational partner's input}}$$

Formula Developed by Adams to Show a Quantitative Relationship between Two Individuals

Think about going away on a vacation and asking the neighbor to water your flowers or possibly feed your pet. As soon as returning from the trip, a natural reaction is to immediately find the neighbor and present a small gift of appreciation. Psychologically, this is to equalize that relationship so the person who went on vacation does not feel as if they “owe” the neighbor.

In the healthcare environment, this simple concept of giving is enhanced exponentially. Instead of merely watering a neighbor's plants, a clinician may have saved a life or greatly enhanced quality of life. While physicians and nurses do not think that their patients owe them a debt, a significant imbalance exists in the relationship between patient and clinician.

Patients grateful for their care innately want to express appreciation to their doctors and nurses. Expressions of patient gratitude may be as simple as writing a thank you note or giving a hug. Patients also may give a small gift (wine or food). In addition, for the top 3 - 5% of individuals economically in our country, patients may choose to show gratitude by making a financial gift.

When gestures of gratitude from patients are not accepted in an appropriate way, the imbalance in the relationship actually grows more profoundly, creating guilt. Even when a clinician unintentionally rejects gratitude, the patient attempting to express appreciation actually feels dismissed or disrespected, (*Walster, 1973*).

In short, allowing patients, or their families, to express gratitude should and must be met with acceptance by the clinician if the relationship is to be "normalized" for both parties.

“We make a living by what we get. We make a life by what we give.”
—Winston Churchill

Giving Creates Happiness

When given the opportunity to express gratitude, individuals are happier. The process of helping others has both medical and psychological effects that connect directly to one's sense of happiness. Studies report the same parts of the brain stimulated by reward, love, pleasure, as well as intercourse, are triggered when one gives to or does something for someone else instead of to themselves (*Harbough, 2007*) (*Moll, 2005*).

During holidays, most people would rather give than receive because making others happy makes the contributor happier as well. This ancient folktale (better to give than receive) was proven in a 2008 study when researchers randomly asked people to spend money on others instead of spending money on themselves. The researchers found that those who gave to others experienced greater happiness than those assigned to spend money on themselves (*Dunn*).

“ Health and cheerfulness naturally beget each other. ”

—Joseph Addison

Happiness Leads to Healthier and Healing Behaviors

When observing the effects of happiness, a direct connection exists to health. More simply, happier people are healthier people.

A study conducted in 2012 found that people who demonstrated happiness as a predominant mood have the following health benefits:

- Lower risk of heart disease
- Lower blood pressure
- More normal body weight
- Healthier blood fat profiles
- Being less impacted by everyday stressors (*Boehm*)

Another study concluded that individuals over 60 years of age who are more often happy are less likely to contract a cold or a flu (*Cohen, 2006*). In that same age range, happier people are more likely to be mobile and, thus, have healthier behaviors (*Steptoe, 2014*). In addition, happier individuals at all ages are more likely to fend off stress, reducing the negative health effects of anxiety and pressure (*Boehm, 2012*).

Even more nuanced, a recent study in 2013 showed people who demonstrated happiness as a predominant mood are more likely to have lower inflammation and stronger antiviral and antibody responses (*Fredrickson*). This data shows that in the field of epigenetics, human genes “turn on” more quickly to avoid disease for people who are happier.

Explaining the patient Value to Clinicians

In creating a partnership with clinicians, Philanthropy Offices must explain the reasons and value of patient giving and the caretaker’s role in it. Here are six important points.

- Patients have a good experience and want to express gratitude not just based on clinical outcomes, but how caregivers communicate and treat them during the healthcare experience.
- Patients who attempt to express gratitude, have it received correctly, and can complete the act of saying “thank you” are happier with their experience.
- Patients who demonstrate happiness as a predominate mood have healthy behaviors.

- Clinicians who better understand why patients need to express gratitude are more likely to receive it properly.
- The Philanthropy Office wants to engage grateful patients who are interested in the organization and the value it brings to the community.
- The Philanthropy Office understands that not all grateful patients want to “give money.” Gift officers will guide donors to the area of gratitude (*volunteering, food to the nurses, thank you note, etc.*) that is most appropriate and meaningful for the grateful patient.

Establishing an Approach to Giving

At the same time, an overall systematic approach to Grateful Patient Family Philanthropy with Clinician Engagement that supports a repetitive operational process must be clear and concise so that all involved parties understand their role.

- HIPAA allows certain clinical information to be shared with the Philanthropy Office. This does not include treatment or diagnosis information but does include the clinician’s name who treated each patient and limited outcome information.
- Clinicians should not treat patients differently because of wealth, donor status, or any other reason. Every patient receives the same outstanding care.
- Clinicians should not solicit money from their patients. That is the responsibility of the Philanthropy Office.
- The Philanthropy Office should minimize the time and effort of the clinician so that they can treat patients. However, three specific clinician tasks can maximize the engagement.
 1. Identify and respond to grateful patients
 2. Introduce a limited number of patients to the Philanthropy Office
 3. Be involved in the process in a way that is comfortable and meaningful to patients
- The Philanthropy Office should target the correct number of grateful patients for engagement by looking for the proper combination of gratitude and prosperity.
- The Philanthropy Office should use its donor management system and technology to manage the program as well as produce regular “metrics” in order to report progress.

- Monthly meetings between clinicians and the Philanthropy Office should be at the convenience, time, and location of clinicians.

Conclusion

In the proper continuum of care, a natural and irrefutable linkage occurs from a positive clinical experience to the desire to express gratitude; and from gratitude to grateful patients being happier; and finally from happiness to the grateful patients demonstrating healthier behaviors. Also consider:



If the desire of clinicians is to **facilitate health for a patient**.



A simple, proper process exists to **unlock the power of gratitude** to help patients heal while supporting the organization at the same time, then...



Why isn't philanthropy an active and vibrant part of every clinician's team?

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