

CHAPTER 1

Embracing the Science Behind Grateful Engagement

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Most health care organizations seek to proactively cultivate and recognize gratitude in patients and families with the objective to direct expressions of gratitude toward charitable giving to financially support the mission. Yet, many organizations still have a limited understanding of what “gratitude” really is. For health care organizations to create vibrant partnerships with patients and family members who are grateful, it is time for the field to usher in a deeper understanding of the psychology and science behind gratitude to advance thoughtful, respectful, integrity-based collaborations with patients and families who are moved and motivated to participate in health care philanthropy.

CAPTURING THE ESSENCE OF GRATITUDE

Throughout history, gratitude is revered in both philosophy and various religious traditions as a virtue. Yet, today, gratitude is often discounted as unsophisticated optimism or devalued as a polite social response. However, scientists who study gratitude characterize it as a complex, social emotion with distinctive qualities and an inherent social purpose.

Gratitude must be differentiated from seemingly similar thankful emotions. At one end of the spectrum, there is appreciation, which is the “recognition and enjoyment of the good qualities of a person or thing;” while, at the other end, one finds indebtedness, which makes the recipient feel compelled to “compensate the benefactor, not because recompense is a pleasure, but because obligation is a pain;” this can lead the recipient “to avoid and even resent the benefactor.”¹

Ultimately, four elements distinguish gratitude from other forms of thankful recognition and hint at its complexity:

- **The benefit was unexpected and unearned.** Gratitude is sparked when a benefit is provided that was not requested, expected or earned. By extension, the benefit is not part of a service one felt they had paid for but is something exceptional that likely required discretionary effort by the giver.
- **Receipt of the benefit moves the receiver.** Those experiencing gratitude don't just take the benefit received in stride. It touches them. It emotionally moves them. It has an essence of awe or wonder or humility that gives it meaning beyond simple recognition of the value of the benefit received.¹
- **The intention behind the good deed matters.** To inspire gratitude, the benefit must be intentionally bestowed by the giver. Further, a recipient's perception of why a benefit was given drives the likelihood to feel gratitude. When a recipient

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feels the action is rooted in genuine care and goodwill because the giver understood and cared about her, she is more inclined to both experience gratitude and to reciprocate the kindness.²

· Gratitude is action-oriented. Dr. Robert A. Emmons of the University of California, Davis, is one of the foremost thought leaders on the science of gratitude. He shares that gratitude is an action. It isn't just something to be felt but something to be expressed and acted upon. Further, Emmons says, expression is "an especially critical aspect of gratitude" that motivates us to recognize "either the person who has gifted us or more generally by passing on the goodness we have received to others. The expressions of gratitude go beyond a simple tit-for-tat reciprocity. Gratitude felt can even inspire great acts of charity and philanthropy."³

Embracing the many facets of gratitude leads to a working definition rooted in science and psychology:

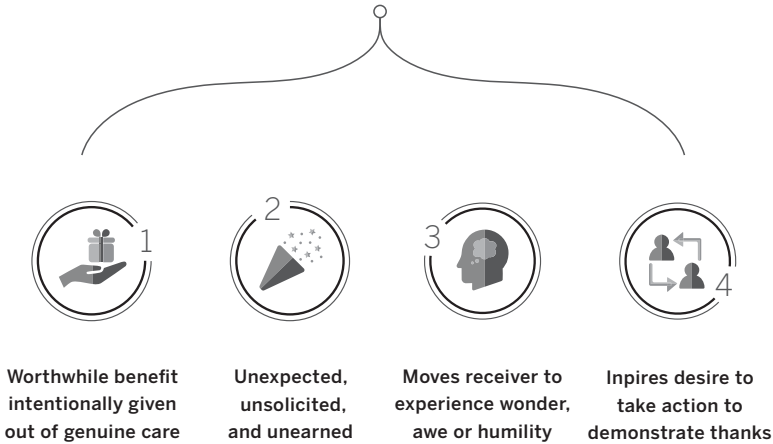
Gratitude is sparked when someone freely and intentionally chooses to provide a worthwhile benefit to another person.⁴ The benefit is unexpected, unsolicited and unearned by the recipient;¹ and the recipient intuits the giver helped out of a sense of genuine help and concern for her.² Receiving the benefit emotionally moves the recipient in a way that creates a sense of wonder, insight and humility⁴ that inspires her to desire to reciprocate the goodwill to the giver or to others.

Simply, gratitude acknowledges a human connection by recognizing and joyfully returning unexpected and unearned expressions of kindness that were meaningful to the recipient.

A CONNECTION TO SOMETHING BIGGER

Gratitude doesn't just light up your face; it also lights up your brain. Neuroimaging of the brain lets scientists visualize how brain

THE PARTS OF GRATITUDE



regions process information by making areas “light up” on a scan. When someone experiences gratitude, it not only activates the brain’s pleasure and reward center but also affects areas associated with morality, connecting with others and taking their perspective.⁴ So, gratitude doesn’t just “feel good” but also compels the recipient to consider the rightness of connecting with others.

Thus, scientists characterize gratitude in action as a type of social glue that functions to strengthen relationships between people and to facilitate social bonding that safeguards well-being.^{5, 6} When a grateful person demonstrates responsiveness to the giver’s needs, it establishes a “reciprocally-altruistic” relationship that is said to help secure human survival by motivating people to attach to others inclined to help them.⁷

As gratitude pushes a grateful person to connect with those who have helped her, it also expands one’s worldview beyond herself to motivate other-centeredness. The intrinsic motivation to focus on

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others aligns with research that indicates people are hard-wired to seek connectivity and purpose and to contribute to something greater than themselves.⁸ Making a positive impact in an area of personal significance allows people to achieve self-fulfillment and to realize their individual potential.⁹

There is an amazing, virtuous circle to other-centeredness. Those who experience and express gratitude create an unsought ripple effect of benefits in their own lives. Those who recognize, feel and express gratitude are rewarded with positive mental health benefits including increased happiness, motivation, optimism and reduced stress.^{10, 11} Those with a grateful outlook also experience physical health benefits, including improved ability to heal. Dr. Robert A. Emmons shares:

“There is healing power in gratitude. We have the evidence. It’s impressive and growing every day. Gratitude has achieved so much traction because of its healing ability. A host of new research studies are examining the effects of gratitude on health outcomes using state-of-the-art measures of biomarkers of health and aging. Clinical trials indicate the practice of gratitude can have dramatic and lasting effects in a person’s life. It can lower blood pressure, improve immune function and facilitate more efficient sleep. Gratitude reduces lifetime risk for depression, anxiety and substance abuse disorders. It is a key resiliency factor in the prevention of suicide. In the latest findings, gratitude has been shown to be associated with higher levels of good cholesterol (HDL), lower levels of bad cholesterol (LDL), lower levels of both systolic and diastolic blood pressure (both at rest and in the face of stress), higher levels of heart rate variability (a marker of cardiac coherence), lower levels of creatinine (renal functioning) and lower levels of C-reactive protein (a marker of cardiac inflammation indicating heart disease). Grateful people engage in more exercise, have better dietary behaviors, are less likely to smoke and abuse alcohol and have higher rates of medication adherence. Gratitude is good medicine!”¹²

In short, scientific evidence clearly affirms gratitude not only feels good...and inspires us to do good...but is also good for us.

CONNECTING SYNERGISTIC VIRTUES

As gratitude both inspires other-centeredness and motivates meaningful connection with others, it seems natural philanthropy would become a logical outlet for expression. After all, philanthropy is also a humane and values-driven endeavor.

There is merit to elevating understanding within the health care organization that philanthropy springs from virtuous intent. The concept of philanthropy as a vibrant expression of love for mankind may be foreign to those accustomed not to see “philanthropy” but to see “fundraising.” Since transactional “fundraising” often carries a negative connotation of arm twisting and imposition, it is understandable caregivers hesitate to engage with patients and families around something they feel is tainted. Therefore, it must be illuminated within the organization that the Greek “philanthrōpia” brings together “phil-” meaning “loving” and “anthropos” referring to “mankind” to reflect an intrinsically motivated benevolence toward one’s fellow man. Expanding understanding about philanthropy as a joyful and meaningful expression through which a giver positively impacts the world provides a new context for meaningful conversation and restores philanthropy’s beautiful legacy and intent to express altruistic care and concern.

“Gratitude flows from the recognition that who we are and what we have are gifts to be received and shared. Gratitude releases us from the bonds of obligation and prepares us to offer ourselves freely and fully.”¹³

Henri J. M. Nouwen,
A Spirituality of Fundraising

“Gratitude-driven philanthropy would be a natural extension and continuation of the clinical experience,” says Dr. Emmons. “It is important for us not to keep our thanks silent. . . Gratitude requires action. There is the action tendency of paying back the goodness that we have received. Gratitude will not strengthen relationships if it remains silent. We are grateful for the opportunity to give, because it reminds us that we too are dependent on the kindness of others in order to flourish.”¹²

Ultimately, gratitude and philanthropy are a natural and marvelous combination with the potential to connect grateful goodwill with possibilities to create positive social impact. However, this alchemy of virtue does not happen in a vacuum. First, a fertile field must exist in which gratitude can grow.

CREATE A FERTILE FIELD FOR GRATITUDE

Dr. Robert Emmons says he is often asked how to inspire gratitude in others, and he replies, “we cannot give to others what we ourselves do not have.” He continues, “Because gratitude is a virtue, it is more *caught* than *taught*. Gratitude must be modeled. The same holds for a clinical setting; gratitude must be modeled by the health care team.”

Yet, it is obviously impossible to command clinicians or employees to be grateful. Doing so would be like insisting someone loves or forgives or trusts; experiencing emotion or embracing virtue is reliant upon the individual.

Unfortunately, gratitude in the workplace must often spring from barren soil. Employees feel vulnerable about expressing their own gratitude at work—with concerns ranging from fear of looking weak to feeling coworkers would take advantage of them to concern acknowledging the contributions of others toward their work could diminish their opportunities for advancement.^{14, 15} Therefore, it is inherent upon health care leaders to proactively create a culture and environment conducive to individuals recognizing, receiving, sharing and celebrating gratitude.

Craig E. Deao is Senior Leader with Studer Group and author of *The E-Factor: How Engaged Patients, Clinicians, Leaders, and Employees Will Transform Healthcare*. Deao notes, “Leaders create the large environment and individual relationships conducive to commitment. Leadership role modeling is essential, since a leader’s actions radiate onto her team. When leaders radiate positive energy, give credit to others and share their personal gratitude for work done well; it creates an

environment to enable the team to do the right thing and to inspire discretionary effort when nobody else is watching.”¹⁶

Positive modeling by organizational leadership accelerates acceptance and repetition of virtuous behaviors. Leaders demonstrating positive emotions enhance positive dynamics and emotional well-being in the workplace that, in turn, enhance employee relationships with others.¹⁷ Further, research reiterates the importance of gratitude saying, “compassion begets gratitude” and “gratitude motivates improved relationships.”¹⁸ Further, leaders embracing “transcendent meaning, caring and giving behavior, gratitude, hope, empathy, love, and forgiveness” predict employee “commitment, satisfaction, motivation, positive emotions, effort, physical health and psychological health.”¹⁸ Expressing gratitude in the workplace also has a “spillover effect” that benefits workplace morale and cohesion by making individuals “more trusting with each other and more likely to help each other out.”¹⁵

There is then a distinction between an organization where employees express gratitude to each other and an organization where gratitude is culturally embedded as an enduring and visible part of daily work life.^{18,19} An organizational culture that authentically embraces gratitude recognizes the flow of gratitude throughout the organization. For example, conversations about gratitude in health care almost exclusively explore the patient’s response to receiving care, yet patients aren’t the only ones touched by gratitude: gratitude is multi-directional. The grateful organization not only sees gratitude from patients to caregivers and between members of the care team but also stirs self-awareness of a clinician’s own sense of awe, wonder and humility for the privilege of being invited into the lives of patients and families during an experience marked by transformation, fear, hope and possibility.

Hospitalist Dr. Leif Hass of Sutter Health in California says physicians and clinicians can get so caught up in the logistics, time demands and pressure of administering care that they, “fail to see the real story is the patient’s life, and thus they miss the gift that

is the beauty of the lives before them. Crises from serious illness provoke existential struggles among patients and their families. Witnessing them firsthand is as rich an experience as life offers; being able to heal in this setting transforms a rich experience into a profound privilege and a gift.” He says integrating a grateful outlook into practice can revitalize the work of health care professionals, since “recognizing the gift of someone placing their care in your hands makes one experience a surge of positive emotion and a desire to give back, which can motivate us to ‘pay it forward’ by helping someone else.”²⁰

An organizational culture where multiple avenues for gratitude are expressed, acknowledged, acted upon and celebrated amplifies virtuous emotion, positive energy and purpose-driven action.

INSPIRED SERVICE BEYOND ROLE

The health care organization culture must not only support caregivers in living gratefully but also inspire caregivers to tap into the purpose and meaning of their work as a motivation to provide exceptional patient experiences.

Returning to the clinical definition of gratitude, one must also consider gratitude is sparked by receipt of a benefit that was *unexpected and unearned*. While the point of care is separated from the point of payment in the care environment, most patients feel they provided compensation in exchange for medical care—whether it was money, insurance coverage or something as distant as paying taxes. However, providing compensation spurs an expectation to receive appropriate medical care from qualified caregivers. So, gratitude is less likely to be motivated by the clinical and technical work to arrive at a diagnosis and to facilitate treatment, since that work was “earned” by compensation and was consistent with what one would expect a caregiver to do in her role. Rather, gratitude comes from discretionary effort to deliver a better patient experience—often marked by attention to social and emotional needs, compassion, time, attention or comfort.

This is consistent with trends showing service excellence scores and measures of patient experience are strongly driven by the social and emotional experience rather than the performance or outcomes of clinical interventions. Of loyal customers who give scores of five out of five on surveys about their experience, it has been noted that something “unexpected and memorable” needed to occur.²¹ So, what’s memorable? Research on unsolicited positive feedback from patients found the main theme to be compassion.²² This once again affirms excellent care is not solely a technical pursuit; it is always first and foremost about caring for people.

Propensity to feel gratitude is also influenced by the intention of the person providing the benefit. A recipient intuitively discerns whether a benefit was motivated by a giver’s role, by a cost-benefit evaluation

...excellent care is not solely a technical pursuit; it is always first and foremost about caring for people.

or by positive feelings for the recipient; and gratitude generally occurs only when a recipient feels the action was rooted in genuine care.² Further, experts in both behavioral economics and comparative ethics say perceptions of intention are relative to normative beliefs and

expectations about what a typical, fair, individual “should” do in this type of situation.^{23,24,25} Simply, if clinicians attend to the physical, social and emotional needs of patients simply out of role-driven obligation, patients will likely sense caregivers are “going through the motions” rather than acting upon an authentic sense of care for the patient’s wellbeing. Kindling gratitude depends upon caregivers going above and beyond to instill empathy, caring and kindness into otherwise routine work and to enable unexpected and memorable care experiences.

Nurturing gratitude that may result in philanthropy begins with caregivers connecting with transcendent beliefs that intrinsically motivate them to use discretionary effort to improve the well-being of others. True compassion and caring can’t be scripted, required or faked; they are motivated by values and commitments that allow a higher calling to care thrive.

NO INHERENT IMPOSITION

Despite an avalanche of data affirming the mental, physical and social benefits of gratitude, physicians and clinicians still share trepidation about proactively engaging with patients and family members around expressing gratitude through philanthropic giving to benefit the health care organization.

The nursing frontline has often been particularly reticent to engage in activities related to philanthropy. They often express concern facilitating engagement of those who could be able or inclined to give would create a two-tiered care system where those with financial wherewithal or organizational loyalty receive a higher standard of care. Many also express objections that connecting those who are grateful with the philanthropy office would violate patient privacy—despite the fact HIPAA privacy rules clearly allow philanthropy professionals to have a range of information about patients receiving care including treating physician name and area of clinical service. Others express discomfort stepping outside the clinical role into the realm of discussing a patient’s values, beliefs and charitable intent crosses an unclear boundary. Others feel interacting with patients with a desire to direct gratitude toward philanthropy may be unethical or will negatively impact their relationship with the patient. Many simply feel unprepared.

Such concerns and hesitations make it essential to take the focus off of money. The clinical frontline does not need to identify those who have discretionary income or significant assets; they need to spot those who feel genuine gratitude for care received and those who have wonderful stories they might wish to share and tell. Dr. Emmons notes, “This is really, really, really important. It’s not about the gift. It’s not about philanthropy. It’s about the connection. Gratitude is the relationship-strengthening emotion. It’s a reminder of all those who have done things for us that we could never do for ourselves.”¹² It’s simple: focusing on the humane virtue and connection rather than focusing on money means many objections are no longer relevant.

Focusing on values and beliefs rather than money aligns effectively with existing separations between the point of payment, to include insurance status, and the point of care delivery in a clinical care environment. For example, physicians and nurses are not charged with asking people for their insurance card before delivering the highest standard of care. They are simply charged to “do the right thing” to provide the scope and intensity of care indicated by the patient’s condition. Further, the philanthropy office has access to rafts of wealth screening tools and analytics to identify those with financial capacity and prospectively with affinity to give, so there is little need to ask clinicians to identify money. Instead, there is an opportunity to simply ask caregivers to identify those motivated or moved by gratitude or those with wonderful stories about their clinical, emotional or social care experience. If caregivers uncover those who are committed or grateful advocates, the burden of uncovering the presence or absence of financial capacity can be done behind the scenes by philanthropy professionals.

Focusing on nurturing and connecting gratitude means there is no inherent moral conflict or imposition upon patients by simply serving as conduits and connectors for those who are self-motivated and emotionally compelled to express their gratitude. Dr. Emmons reflects, “Cultivating patient gratitude is the way of optimizing health, better performance, wholeness and wellness. When you give, it is more than giving your time, resources or even ‘capital;’ fundamentally, it’s about giving of your whole self. Gratitude is healing. The joy and happiness created by gratitude also leads to healing and healthier behavior. Therefore, it is imperative to facilitate increased opportunities for gratitude in the patient. In fact, I would go so far as to say that *not* giving opportunities for gratitude or not receiving gratefulness expressions well can be harmful to health.” Further, “There is value in thinking of health care professionals as gratitude facilitators. I believe for maximal effectiveness, grateful patient programs must be part of a larger context for ‘allowing’ gratitude to flourish.” There is no

imposition or ethical burden in welcoming authentic connections around a meaningful human experience.

SPOTTING GRATITUDE IN ACTION

As consciousness of gratitude seeps into the organizational culture, caregivers can adopt a proactive approach to spot patient and family gratitude in action. Spotting gratitude is not always as simple or as straightforward as it sounds. Patients and family members may not say something as direct as, “I am so grateful for the quality of care / service I received!”

Instead, caregivers must be prepared for patients and family members to share gratitude in indirect ways. For example, a grateful patient or family member may say something like:

- My outcome exceeds my expectations.
- I’m really interested in <this aspect of clinical work /organization/ mission>.
- I’ve really been surprised by <positive aspect of care experience.>.
- I’d love to know more about <clinical work / caregiver / research /etc.>.
- What are the latest advances in <clinical service / clinical research>?
- You really made me feel confident and comfortable through this experience.
- So, what’s it like to work here at <facility>?
- How is health care reform impacting your ability to do great work?

A valuable tool for uncovering gratitude comes from a leader in the service industry. At The Ritz-Carlton, everyone involved in the guest experience from the frontline to the back office is taught to look for the *unexpressed* needs of guests. They call the approach “Radar On and Antenna Up,” and it guides all who come into contact with guests to be proactively alert. The premise is that just *responding* to articulated needs isn’t enough to delight guests. So, “Radar On and Antenna Up” teaches everyone to look for subtle signals. In the

health care environment, keeping our own radar and antennae attuned to how gratitude is verbally, physically or otherwise expressed is imperative to building a culture that agilely embraces gratitude. Raising individual and organizational consciousness of spotting gratitude is essential to supporting grateful engagement.

GRACIOUSLY ACCEPT GRATITUDE

Accepting gratitude is an appropriate part of each caregiver's role to provide holistic care. Yet, there is a tendency for caregivers to deflect thanks or to minimize the action that inspired it. Many deflect expressions of gratitude to exhibit humility. Others are embarrassed or flustered by praise or are unsure how to respond. However, awkwardness in acceptance often results in expressions of gratitude being met by pithy or rote responses that feel like a form of rejection to those expressing thanks; and this unintentional slight must be intentionally addressed.

Accepting gratitude graciously begins with avoiding inauthentic politeness and routine responses. Caregivers often admit they are "not sure what to say" and consequently default to the social norm of "you're welcome" in response to an expression of gratitude; however, this auto response is generally seen as hollow or dismissive by the expresser of thanks. Other common responses or deflections to avoid include:

- I didn't really do anything.
- Anyone would have done that.
- I can't accept credit for what happened.
- You don't need to thank me.
- It's all in a day's work.
- It's not a big deal.
- It's just what we do.
- Think nothing of it.
- No problem.

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- No worries.
- I was just doing my job.
- Don't mention it.
- We got lucky.

No caregiver answered the calling to heal or to care in order to rebuff or diminish their patients. No one came to the mission of health care to only attend to the body and to ignore the emotional, social and spiritual aspects of care. So, with total care in mind, it's time to utilize more resonant and authentic expressions to acknowledge gratitude.

In responding meaningfully, it is still okay to use simple responses, as long as the expresser of thanks knows he was genuinely heard, seen and appreciated. For example, instead of responding with "you're welcome" consider responding with "thank you so much." That feels much less like, "you're right, I did do something worth thanking me for" and instead acknowledges a shared human connection. However, then consider what else might be authentically added to respond to that particular person in that particular situation to strengthen a simple thanks. For example:

- "Thank you. It has truly been a privilege to care for you."
- "Thank you. Your kind words really mean a lot to me."
- "Thank you. Your courage through all you faced has been inspiring"
- "Thank you. I have genuinely enjoyed getting to know you and your family."
- "Thank you. I'm glad you're well and able to return to the activities you enjoy."
- "Thank you. I'm glad to be part of something that was meaningful to you."
- "Thank you. Comments like yours are a real encouragement to our team."

As individuals become comfortable as gracious receivers of gratitude, they can explore other ways to resonantly accept gratitude. For example, one can often easily open the door to further feedback and conversation by asking a question that explores the source of gratitude in more depth. One can also use this opportunity to manage up others on the care team or clinical service by expressing why the expression of thanks would mean a lot to the team or aligns with efforts the team has worked hard to achieve.

Once caregivers master the art of receiving gratitude, it becomes easier to walk through the doorway to connect gratitude to giving. Once the expression of thanks has been appropriately and graciously acknowledged, the caregiver must bring her own intuition to the task to determine if the objective was simply to verbalize thanks or whether the expresser of thanks was receptive to or seeking to get more engaged. Sometimes, simply verbalizing thanks was the action. Therefore, sometimes caregivers need to decide whether they should “walk through” the door the patient has opened by expressing thanks to see if there is a desire for further connection or engagement. This can be done through advancing the conversation by seeking permission to expand the relationship, such as:

Weaving gratitude into the health care organization as both a touchstone and a compass can transform both the patient care experience and philanthropy.

- “We really could use your help here. Would it be OK for me to put you in touch with someone from my team who could tell you more about our future plans?”
- “There are a lot of ways to get more involved in our work. Would you like for me to introduce you to someone who could tell you about opportunities?”

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- “Right now, we have some really exciting plans that might interest you. Would it be alright for me to include you in <upcoming meeting or event>?”
- “I really appreciate your interest. I have been working with a trusted partner from the philanthropy office. Would you like for me to connect you with <name>?”
- “Your story is really inspiring. Would you be interested in sharing your story?”

When caregivers connect care to giving by introducing those who are grateful to philanthropy professionals who can articulate the current vision of the organization, it can be the catalyst to convert the grateful patient or family’s intent to express gratitude into social impact. This not only allows the patient or family to achieve the good they have in mind but also provides closure for the care experience.

IN CONCLUSION:

As philanthropy professionals, there is an opportunity to simultaneously catalyze the potential of donor investment in the mission while remaining steadfast in adhering to the conscience and humanistic cultural values inherent in both health care and philanthropy.

Weaving gratitude into the health care organization as both a touchstone and a compass can transform both the patient care experience and philanthropy. Philanthropy is part of the healing process, and health care leaders need to begin viewing philanthropy as essential rather than as an add-on. Engaging physicians and clinicians to embrace, nurture and connect gratitude is not only patient-centered and beneficial to advancing philanthropy but also can provide them with personal meaning and benefit--just as philanthropy professionals see the invitation to make a charitable gift as a mutually-beneficial experience for both the donor and the organization. Philanthropy professionals can also support the engagement of physicians, clinicians and others by demonstrating personal integrity in all interactions to

build a bedrock of earned trust.

Ultimately, infusing health care organizations with a spirit of virtuous gratitude and raising awareness of the transcendent beliefs, values and purpose that fuel a clinician's calling creates other-centeredness in both patients and caregivers that is human and humane. Philanthropy is part of the healing process, and health care leaders need to begin viewing philanthropy as a must have rather than an add-on.

Embracing gratitude and inspiring purpose-driven effort can also transform philanthropy.

Author's note:

Dr. Robert A. Emmons of the University of California, Davis, is one of the foremost thought leaders on the science of gratitude. I would be remiss not to note his truly gracious spirit and contributions here in both considering gratitude in a health care setting and in inspiring me to reflect the profound power of the virtue of gratitude.

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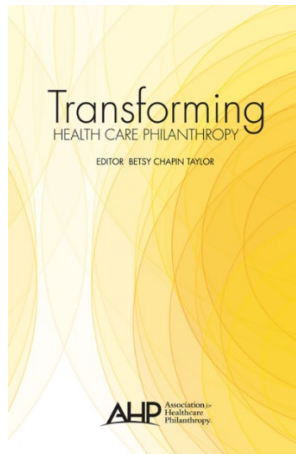
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Embracing the Science Behind Grateful Engagement

The preceding chapter is an excerpt from AHP's book,
Transforming Health Care Philanthropy.



As health care organizations transition from a volume-based to a value-based model, philanthropy's importance as an alternative revenue source has never been greater.

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