



EMBRACING THE SCIENCE BEHIND GRATEFUL ENGAGEMENT

Most hospitals today seek to proactively cultivate and recognize gratitude in patients with the objective to direct expressions of gratitude toward charitable, financial giving to support the health care organization. Yet, for health care organizations to create vibrant partnerships with patients and family members who are grateful, it is time to usher in a deeper understanding of the psychology and science behind gratitude to enhance partnerships with those who are moved and motivated to give.

Scientists characterize gratitude as a complex, social emotion with distinctive qualities and an inherent social purpose. Ultimately, four elements distinguish gratitude from other forms of thankful appreciation 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. Most patients feel they provided some form of compensation in exchange for medical care—whether that compensation is money, insurance coverage or even something as distant as paying

taxes. This compensation creates a basic expectation to receive appropriate medical care from qualified caregivers to arrive at an appropriate diagnosis and to facilitate treatment. However, gratitude is generally inspired by something exceptional that likely required discretionary effort on behalf of the caregiver...often marked by attention to social and emotional needs, compassion, time, attention or comfort.

- **Receipt of the benefit moves the receiver.** Those experiencing gratitude are moved by it. It has an essence “of awe or wonder or profundity or humility” that imbues it with a meaning beyond simple recognition of the value of the benefit received.⁽¹⁾

- **The intention behind the good deed matters.** A recipient’s perception of why a benefit was given affects the likelihood to feel gratitude. Researchers at Columbia University say a recipient intuitively whether a benefit was motivated by a giver’s role, by a cost-benefit evaluation or by positive feelings for the recipient; gratitude generally occurs when a recipient feels the action was rooted in genuine care.⁽²⁾ Further, experts in both behavioral

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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.^(3,4) Simply, if the clinical frontline attends to the physical, social and emotional needs of patients simply out of role-driven obligation, patients are likely to sense caregivers are “going through the motions” rather than acting upon an authentic sense of care for the patient’s wellbeing.

• **Gratitude is action-oriented.** Dr. Robert A. Emmons, one of the foremost authorities on the science of gratitude, shares that gratitude is an action. It isn’t just something to be felt but something to be expressed and acted upon. Gratitude inspires a grateful person to connect with those who have helped them, and it functions to motivate other-centeredness. For this reason, scientists characterize gratitude in action as a type of social glue that functions to strengthen relationships between people.^(5, 6)

There is also healing power in gratitude for patients. Those who express gratitude experience health benefits including improved ability to heal, improved immune function, lower blood pressure and more.⁽⁷⁾ They are also rewarded with positive mental health benefits including increased happiness, motivation, optimism and reduced stress.^(8, 9) In short, scientific evidence clearly affirms gratitude not only feels good...and inspires us to do good...but is also good for us.

As gratitude inspires other-centeredness and motivates meaningful connections with others, philanthropy to the health care organization becomes a logical outlet for expression. Since physicians and clinicians are most likely to inspire patient and family gratitude, caregivers are essential partners in advancing grateful patient engagement in philanthropy. However, organizations that can capture the power of gratitude can transform philanthropy.

For Discussion

- How can our organization embrace a culture that recognizes, directs and celebrates gratitude?
- How can our organization successfully engage physicians and clinicians in recognizing gratitude, graciously accepting it and referring those who are grateful to the foundation?

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⁽¹⁾ Neel Burton, “The Psychology of Gratitude,” *Psychology Today* (September 23, 2014): <https://www.psychologytoday.com/blog/hide-and-peek/201409/the-psychology-gratitude>.

⁽²⁾ Ames, D., F. Flynn, and E. Weber, “It’s the Thought that Counts: On Perceiving How Helpers Decide to Lend a Hand,” *Personality and Social Psychology Bulletin* 30 (2004): 461-474.

⁽³⁾ Christina Bicchieri, *The Grammar of Society: The Nature and Dynamics of Social Norms* (Cambridge: Cambridge University Press, 2006), 100-137.

⁽⁴⁾ Ma, Lawrence K., Richard J. Tunney, and Eamonn Ferguson, “Gratefully Received: Gratefully Repaid: The Role of Perceived Fairness in Cooperative Interactions,” *PLOS One* (December 8, 2014).

⁽⁵⁾ McCullough, M.E., M.B. Kimeldorf, and A.D. Cohen, “An Adaptation for Altruism: The Social Causes, Social Effects, and Social Evolution of Gratitude,” *Current Directions in Psychological Science* 17 (2008): 281-285.

⁽⁶⁾ Algoe, S., J. Haidt, and S. Gable, “Beyond Reciprocity: Gratitude and Relationships in Everyday Life,” *Emotion* 8 (2008): 425-429, doi: 10.1037/1528-3542.8.3.425.

⁽⁷⁾ Dr. Robert A. Emmons to Betsy Chapin Taylor, Ponte Vedra Beach, FL, August 22, 2017.

⁽⁸⁾ Amy Morrin, “7 Scientifically Proven Benefits of Gratitude that Will Motivate You to Give Thanks Year-Round,” *Forbes* (November 23, 2014).

⁽⁹⁾ Dunn, E.W., et al, “In Praise of Gratitude,” *Harvard Mental Health Letter* (November, 2011).

