

# HEALTHCARE philanthropy

## Why They Give:

New research uncovers insights into grateful patient donors' motivations

### Also in this issue

**19** Driving revenue through unconventional partnerships

**28** The importance of recognizing planned gifts

**34** How strategic onboarding can help reduce employee turnover

  
**Forward  
Thinking**

Sponsored by

**TAG**

The Angeletti Group

# Grateful patients under the microscope

Great care and altruism inspire donors; ethical concerns do not deter, findings suggest

**M**any patients are grateful for the care they receive—going so far as to express their gratitude through gifts, such as baked goods, flowers or money.<sup>1</sup> In fundraising circles, “grateful patient” has come to describe donors who contribute funds to providers or institutions from which they received health care.<sup>2,3</sup> As federal sources of revenue decline, grateful patient philanthropy is becoming an important financial source for health care systems. In fiscal year 2011, grateful patients contributed \$1.8 billion to health care philanthropy in the U.S.<sup>4</sup>



In fact, grateful patient fundraising is developing into a science,<sup>5</sup> as suggested by a randomized controlled trial at Johns Hopkins Medicine showing that 19 physicians who received individualized coaching in grateful patient fundraising attracted \$219,550 over three months. In contrast, 32 physicians given less intense interventions generated no donations at all.<sup>6</sup> Some companies even specialize in helping academic medical professionals build a “culture of philanthropy” and learn how to work effectively with potential donors.<sup>7</sup>

Not surprisingly, concerns have been raised about the ethical implications of grateful patient programs—especially their potential influence on the physician–patient relationship.<sup>8,9</sup> Changes to the Health Insurance Portability and Accountability Act (HIPAA) privacy rule in January 2013 have made fundraising in health care easier by allowing development professionals greater access to patient information. However, these changes also have heightened concerns about how much information should be available to individuals without a direct role in patient care.<sup>10</sup>

Although previous research has

looked into development professionals’ and physicians’ views on grateful patient philanthropy, the voice of the patient has not been heard.<sup>3,9,11</sup> Yet understanding what motivates patients to donate is critical to the respectful and effective expansion of grateful patient fundraising efforts.<sup>12</sup> To address this gap, we conducted a qualitative study of grateful patients who had given to Johns Hopkins—providing the first empiric evidence of patients’ perspectives on participating in health care philanthropy and laying the groundwork for future study.

### **Interviews, analysis, coding**

To gain insights into how patients think about grateful patient programs, researchers from Johns Hopkins Medicine conducted a qualitative study of 20 patients who supported Johns Hopkins and its providers. We collected data from 2010 to 2012 by carrying out and recording one-on-one interviews that were then transcribed verbatim.

We used purposive sampling—a qualitative research strategy to identify respondents with common characteristics—to pinpoint patients who:

- Had made at least one substantive gift

in the past to the Johns Hopkins Department of Medicine.

- Were believed to be experienced in philanthropy.
- Were thought to be willing to discuss their philanthropic approach and experience.

The study was conducted according to a protocol approved by the Johns Hopkins institutional review board, and the participants provided consent.

Interviewers from our study team conducted structured, one-on-one interviews mostly by phone, although some donors preferred to meet in person. The interviewers followed a question guide designed to explore the following:

- The patient's initial motivations for giving.
- How the patient became aware of the need for financial support.
- How gifts affected the patient's care or relationships with treating physicians.
- How stewardship and development professionals influenced giving.
- Whether the patient was concerned about any ethical issues.

Transcripts were analyzed using an "editing analysis style," a qualitative analysis technique in which researchers identify "meaningful units or segments of text that both stand on their own and relate to the purpose of the study."<sup>13</sup> Using Atlas.ti 5.0 software, two investigators independently analyzed the first four transcripts and generated codes to represent the respondents' statements. They then created a preliminary coding template to use and refine when analyzing subsequent transcripts.

We stopped conducting and analyzing interviews when confirmatory rather than novel themes emerged from the interviews (i.e., "thematic saturation")—which

## Study facts and statistics

Our study analysis revealed the following details:

- **Mean age of respondents:** 65.1 years (range 45–87).
- **Sex:** Most were male (13/20, or 65 percent).
- **Duration of personal relationship with Johns Hopkins at interview time:** Three to 64 years, with a mean of 22.3 years.
- **Size of past gifts from individual participants:** a range from thousands of dollars to greater than \$10 million.
- **Ways gifts had been directed:** varied, including unrestricted monies to individual physicians; donations to support specific research projects, such as those affecting donors themselves or loved ones; and institutional support for Johns Hopkins, such as assistance with construction projects.
- **Timing of gifts:** varied, from donating after a first encounter to committing funds after a decades-long relationship with a physician or the institution.
- **Nonfinancial contributions:** most (11/20, or 55 percent) served in other fundraising capacities, filled voluntary leadership roles or contributed in nonfinancial ways.

is accepted qualitative research methodology. Twenty is a typical sample size for similar studies using one-on-one in-depth interviews.<sup>9,11,14</sup> The sidebar "Study facts and statistics" lists details from our results. The "sample size" sidebar spells out potential study limitations.

### Five recurring themes

The five themes that emerged from the data, summarized in Table 1, are described below and supported by quotes from the interviews.

**1. Excellent patient care is a stimulus for gifts.** Everyone interviewed explained that clinical care—whether their overall experience or from an individual provider—led to their decision to make a donation. Although positive clinical outcomes often served as stimuli for donations, they were not absolutely necessary as long as humanistic care was delivered.

- "The best model in the world is [my doctor] who is the greatest doctor I've ever known, just

## Sample size, bias may be limitations

Possible study limitations include the following:

- Because of the small number of respondents, results may not capture the views of all grateful patients, even though the sample size was consistent with previous qualitative studies<sup>9,11,14</sup> and recurrent themes were identified.
- We only included patients who had donated to Johns Hopkins, whose long tradition of leadership nationally in research, education and clinical care may influence patients' decisions give.
- "Social desirability bias"—the tendency in self reports for people to present themselves in the best possible light—may have skewed responses. Our respondents may have wanted to give pleasing answers and to flatter physicians or Johns Hopkins.

as a caring, smart, brilliant diagnostician and caregiver, and he just puts the patient first. Nothing else really matters. He will do anything to make sure the patient gets the best possible care and to let the patient know that he cares. I think his success in philanthropy is all because of that.”

- “I think the most important thing was that my husband got the best possible care and we had the best support that was possible—in spite of the diagnosis. I don’t think you can be more grateful than for a death with dignity, a good death, and the support to keep you emotionally stable throughout an illness.”

**2. Admiration for physicians and desire to be supportive.** The deep respect, and at times reverence, that patients felt for their individual physician, or for physicians in general, emerged as a key theme. Many cited the tireless efforts and diligence that physicians exhibit as reasons that encouraged them to give.

- “We like doctors and we love what they do, and we can’t believe they have to raise their own research money.... They do amazing, herculean things.”

- “After going through that experience and coming to know my doctor in a more personal way, my wife and I decided that we should shift charitable dollars to support his work.... He was an inspirational guy, who was so proficient and was achieving so much in so many facets of his career, we felt it was the appropriate thing to do to help support his research, and so the gift followed.”

**3. Patients’ comfort discussing philanthropy.** That patients felt at ease and were willing to discuss philanthropy with their physicians was apparent across the interviews. Some patients said these discussions should not occur during clinical visits; others felt this was acceptable once the medical issues were covered. Most indicated they wished their physicians felt more comfortable discussing ways in which they could use philanthropic support.

- “I don’t feel awkward at all discussing philanthropy with my doctor.”
- “My doctor said to me, ‘I have some good news, I just became Chairman’... and I said, ‘I’m a businessman, that’s nice, congratulations, what are your goals?’”

- “My doctor told me about research that he was working on and I told him I’d like to participate financially and any other way that I could, but certainly financially.”

**4. Donors helping others.** Giving for truly altruistic purposes, aiming to promote the welfare of others, was a clear theme in patients’ responses. Most expressed a wish to improve the health and lives of those who will need care in the future. Often they conveyed this goal in the context of gratitude for the care that they had received or as part of a broader civic or humanistic endeavor.

- “Any time you make a gift for philanthropic purposes, you hope it’s going to make a difference in lives. I’ve been given the most extraordinary opportunity that one can have. I’m 6½ years out now, I’m cancer free, from a disease that has about a 60-day diagnosis to death average survival. Obviously what I want is for my gift to make a difference in more people being able to have the same miracle that I’ve had.”
- “Our motivation was to make the path better for those that follow us, because obviously research is needed.”

**Table 1. Major Themes Identified in Patient Interviews**

	Total number of times theme mentioned in all interviews	Number of respondents referring to theme, n (%)
Excellent patient care serving as stimulus	71	20 (100%)
Admiration for physicians resulting in desire to be supportive	65	19 (95%)
Stewardship helping to activate and encourage philanthropy	53	16 (80%)
Patients’ comfort discussing philanthropy	20	13 (65%)
Donors giving to help others	18	12 (60%)

Note: Despite calculating frequencies of themes (quantitative data) to simplify our findings, qualitative methods do not allow us to infer that frequency or prevalence of each theme corresponds to importance.

**5. Stewardship's role in encouraging philanthropy.** Patients commonly mentioned that they not only appreciated the updates they received after making a gift, but that the information made them feel better about their giving and enhanced their desire to donate in the future. Some said that getting specific data on how their gift was being used and seeing the results was important, while others were happy simply to receive an expression of gratitude.

- “So then we got so many thank you notes, we couldn’t believe it. It wasn’t that huge a gift, but it was a significant gift for us... We never got so many thank you notes in our entire lives. It really wasn’t that big a deal, but wow they must be really grateful!”
- “We did not realize how focused and pragmatic the connection is between the donation and the work because we didn’t direct our gift. So, we’re giving you X, and they’d come back and say we’re going to use your X for these things. Then, to our surprise a few months later, we’d get a status report on these things and we were floored.”

### Perceptions, ethics, comfort...

The interviewers asked specifically about ethical issues perceived by patients. The content analysis did not bring any specific ethical issues to light and patients generally denied concerns about ethical matters, including an impact on physician-patient relationships.

A few patients, however, perceived that they were receiving special treatment by the institution as a result of their donation, such as being invited to lunches, getting a nicer hospital room or receiving better access to health care for

themselves or friends.

- “Well, I guess I would admit that maybe twice in the last 10 years when I had a friend whose daughter was desperate to get into the hospital, I’ve made calls up there... I don’t know whether they had any effect—I’ll be perfectly candid—but I sort of felt that I had an ‘in’ there, that I can help get somebody in as a patient.”

When we compared this study’s findings to those of a previous study that looked at the perceptions of physicians at our institution who were successful at attracting financial gifts,<sup>11</sup> we recognized that:

**When donors interact with development professionals and receive feedback linked to their gifts they feel more strongly affiliated with the institution and may be more likely to give in the future.**

- Both patients and physicians think that good clinical care, strong physician-patient relationships and systematic institutional support form the core of successful fundraising.
- Patients appear to be more comfortable discussing fundraising opportunities and activities than physicians are.

The reason for the discrepancy in comfort with fundraising talk may be that the patients in our study were experienced philanthropists who had made many donations before shifting their giving to Johns Hopkins. Another explanation may be the American Medical

Association’s position that physicians should not solicit gifts from their own patients,<sup>15</sup> as well as the general controversy about whether it is ethical for physicians to receive gifts from any source. Even physicians with a track record of receiving gifts from patients may be wary of violating professional obligations, which could explain why they were somewhat uncomfortable discussing potential philanthropic support with patients.

Other published literature has noted potential ethical issues regarding special treatment:

- Donor patients may receive “concierge” type services or “VIP”

treatment, which may violate principles of justice and fairness and could further marginalize vulnerable populations.<sup>9</sup>


- Select patients may donate expecting to receive special treatment.<sup>16</sup>

A number of patients in our study described receiving special attention but none admitted to expecting it, and they all explicitly denied sensing ethical problems related to their donations. They also clearly stated that they were motivated to donate so they could express gratitude and to advance progress in medical treatment for others’ benefit.

In a previous qualitative study at

Johns Hopkins of physicians' views on grateful patient philanthropy, all physicians were able to articulate ethical concerns that might arise when dealing with grateful patients, but most (55 percent) felt that their personal involvement in fundraising did not pose ethical issues.<sup>9</sup> People can be limited in perceiving their own biases; possibly the patients and physicians studied are demonstrating the "illusion of unique invulnerability."<sup>17,18</sup> Future study would be required to understand whether patients actually receive preferential treatment and to what degree that compromises—or, as some have argued, enhances<sup>19</sup>—the care of other patients.

This study and previous work<sup>11,20</sup> suggest that patients with a philanthropic disposition need to be made aware of financial needs for research, education or clinical care. When donors interact with development professionals and receive feedback linked to their gifts they feel more strongly affiliated with the institution and may be more likely to give in the future.

It's important to note that the most striking and consistent finding throughout our interviews was the emphasis on excellent clinical care—suggesting that serving patients' needs may be the best way to achieve success in health care philanthropy. 

## References

1. Capozzi J.D., and R. Rhodes. 2004. Gifts from patients. *The Journal of Bone and Joint Surgery American* 86:2339–40.
2. Wheeler J., S. Rum, and S.M. Wright. Philanthropy and medical research: a call to professional responsibility. *Chronicles of Philanthropy*. In Press.
3. Elj T.J. 2007. Grateful patient programs: current trends, strategies and tactics. *Healthcare Philanthropy Journal* 8:17.
4. Association for Healthcare Philanthropy. 2012. Fiscal year 2011 *Annual Survey of Giving*. Falls Church, VA: Association of Healthcare Philanthropy.

5. Mervis, J. 2013. Grateful patients can lead to gracious gifts. *Science* 340 (6139):1397. <http://science.sciencemag.org/content/340/6139/1397>
6. Rum S., and S.M Wright. 2012. A randomized trial to evaluate methodologies for engaging academic physicians in grateful patient fundraising. *Academic Medicine* 87(1) 55–9. <http://www.ncbi.nlm.nih.gov/pubmed/22104057>
7. Advancement Resources. Academic Medical Professionals. <http://www.advancementresources.org/Content/Academic-Medical-Professionals.aspx> Accessed November 3, 2014.
8. Roberts, L.W. 2006. Ethical philanthropy in academic psychiatry. *The American Journal of Psychiatry* 163:772–8.
9. Wright, S.M., L. Wolfe, R. Stewart, J.A. Flynn, S. Rum, et al. 2013. Ethical concerns related to grateful patient philanthropy: the physician's perspective. *Journal of General Internal Medicine* 28(5):645–51. <http://www.ncbi.nlm.nih.gov/pubmed/23225219>
10. Prokopetz, J.Z., and L.S. Lehmann. 2014. Physicians as fundraisers: medical philanthropy and the doctor-patient relationship." *PLoS medicine* 11(2):e1001600. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3921105>
11. Stewart R., L. Wolfe, J. Flynn, J. Carrese, and S.M. Wright. 2011. Success in grateful patient philanthropy: insights from experienced physicians." *The American Journal of Medicine* 124(12):1180–5.
12. Bentz, M. L., J. Ahmad, and R.J. Rohrich. 2011. Fundraising and philanthropy in plastic surgery: an essential tool for academic excellence. *Plastic and Reconstructive Surgery* 127(5):2108–12. <http://www.ncbi.nlm.nih.gov/pubmed/21228736>
13. Crabtree, B.F., and W.L. Miller. 1999. *Doing Qualitative Research*, 2nd ed. Thousand Oaks, CA: Sage Publications.
14. Wright, S.M., and J.A. Carrese. 2002. Excellence in role modeling: insight and perspectives from the pros. *Canadian Medical Association Journal* 167:638–43.
15. American Medical Association. 2004. Opinion 10.018. *Physician Participation in Soliciting Contributions from Patients*. The Council on Ethical and Judicial Affairs. <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion10018.page>
16. Roach, J., and E.A. Jacobs. 2013. Grateful patient philanthropy: is what's good for the goose good for the gander? *Journal of General Internal Medicine* 28(5):608.
17. Perloff, L.S., and B.K. Fetzer. 1986. Self-other judgments and perceived vulnerability to victimization. *Journal of Personality and Social Psychology* 50(3):502–10.
18. Weinstein, N.D. 1980. Unrealistic optimism about future life events. *Journal of Personality and Social Psychology* 39:806–20.
19. Diekema, D.S. 1996. The preferential treatment of VIPs in the emergency department. *American Journal of Emergency Medicine* 14:226–9.
20. Zusman E.E., R.F Heary, A.R. Stroink, M.S. Berger, A.J. Popp, r.M. Friedlander, et al. 2013. Philanthropy funding for neurosurgery research and program development. *Neurosurgery* 73(1):177–83.



**Sean Tackett, M.D., M.P.H.**, is instructor of medicine in the Division of General Internal Medicine, Johns Hopkins Bayview Medical Center,

Baltimore.



**Alexis Coslick, D.O., M.S.**, is a resident in the Department of Physical Medicine and Rehabilitation at Johns Hopkins Hospital, Baltimore.



**Leah Wolfe, M.D.**, is assistant professor of medicine in the Division of General Internal Medicine, Johns Hopkins Bayview Medical Center,

Baltimore.



**Rosalyn W. Stewart, M.D., M.S., M.B.A.**, is associate professor of medicine with appointments in the Department of Population, Family and Reproductive Health in Johns Hopkins Bloomberg School of Public Health and the Division of General Internal Medicine, Johns Hopkins Hospital, Baltimore.



**Scott Wright, M.D.**, is director of the Miller-Coulson Academy of Clinical Excellence, professor of medicine and chief of the Division of General Internal Medicine, Johns Hopkins Bayview Medical Center, Baltimore.