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RESEARCH ARTICLE

The Ultimate Intrinsic Motivator in Medicine: Patient Perspectives on What It Means to Be Loved by the Healthcare Team

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Abstract. There is a compassion crisis in healthcare negatively impacting patient outcomes. Little is known about the relationship of love as a motivating factor in healthcare. Our research exploring physician and nurse perspectives on what it means to love their patients elucidated substantive themes. Here we report findings from an exploratory follow-up qualitative study exploring patient perspectives on what it means to be loved by the healthcare team. Through convenience sampling, we conducted 21 structured interviews of patients exiting a family medicine clinic. Nineteen of 21 patients unreservedly thought healthcare professionals should love their patients. Common themes emerged, which included being caring, trustworthy, empathetic, compassionate, conscientious, and a concern for the patient's well-being. The characteristics and actions that reflect love were remarkably consistent with physician and nurse descriptions in our prior study. The nature of love described by patients, physicians and nurses could serve as a basis for high quality, compassionate, ethically sound healthcare.

Keywords. Love, Quality, Healthcare, Ethics, Intrinsic Motivation

Introduction

In their book *Compassionomics: The Revolutionary Scientific Evidence that Caring Makes a Difference*, Doctors Trzeciak and Mazzarelli present an exhaustive literature review demonstrating that there is a compassion crisis in healthcare (2019). They demonstrate that there is a lack of compassion practiced by healthcare professionals and experienced by patients. Nearly half of Americans believe healthcare providers are not compassionate. Fifty-six percent of physicians do not believe they have time for compassion, and physicians miss 60-90% of opportunities to show compassion to their patients. More than two thirds of Americans have had a

healthcare experience where there is a distinctive lack of compassion (Trzeciak et al., 2017). This compassion deficiency has widespread negative effects—poor outcomes, higher costs, lower patient satisfaction and increased provider burnout. They go on to review the literature that convincingly demonstrates that providing compassionate healthcare reverses all these trends. Trzeciak and Mazzarelli demonstrate that compassionate behaviors can be taught to doctors, nurses, and other healthcare professionals resulting in better outcomes. Their work is largely a literature review of scientific studies addressing compassion in healthcare, and they only obliquely discuss what inspires humans to be compassionate. The question then remains, what motivates someone to be compassionate in the first place? Why are some people more compassionate than others? Trzeciak and Mazzarelli allude to love being a part of compassion but do not reflect in detail on its relationship, as they attempt to avoid the philosophical issues related to compassion in their work.

There is a large body of literature in the form of essays and reflections from physicians, nurses, administrators, and learners that contend those in healthcare need to be motivated by love in order to provide compassionate, high-quality healthcare (Arman & Rehnsfeldt, 2006; Byock, 2004; Chapman, 2003; Fitzgerald & van Hooft, 2000; Kendrick & Robinson, 2002; Marcum, 2011; Pembroke, 2006; Press et al., 2014; Stickley & Freshwater, 2002; Stillman, 2014; Strachan-Hall, 2016; Valentine-Maher, 2008; Watson, 2003). For example, in a presidential address to the North Pacific Surgical Association, surgeon leader Robert Sawin declares that love is necessary as a surgeon in order to demonstrate compassion, empathy, understanding and openness (Sawin, 2015). Christina Jackson, professor of nursing, describes the nurse-patient-relationship as central to promoting healing. She describes the most edifying relationship as loving, and compassionate, and contends that loving relationships can transform healthcare (Jackson, 2010). Medical student Aldis Petriceks reflects that an active love that turns our attention away from ourselves to another's needs is necessary to combat burnout (Petriceks, 2023). Palliative care nurse educator John Costello argues that compassion and empathy are attributes of love and when absent, poor quality care results (Costello, 2016). Avedis Donabedian, the father of the "seven pillars of quality," created the conceptual basis for measuring quality in healthcare. His seminal article, "Evaluating the Quality of Medical Care," became one of the most cited articles for half a century and birthed the field of health services research (Ayanian & Markel, 2016; Best & Neuhauser, 2004). When he went from being a clinician and internationally acclaimed researcher, teacher, and writer to a patient suffering from complications of prostate cancer, he came up against a highly dysfunctional health system. He recognized that something deeper than market forces and quality measurements was needed to motivate healthcare professionals to provide compassionate and competent care. When interviewed near the end of his life, he suggested it was the ethical dimension of individuals that generates high quality healthcare, and that there needs to be an impetus to love our patients (Mullan, 2001). He contended that when healthcare personnel are motivated to love their patients, quality follows, and only then can we measure and improve the system.

Are Donabedian and others correct that what is necessary in healthcare professionals is an impetus to love their patients? Love is rarely discussed as a *modus operandi* in healthcare. We are called to provide quality, evidence-based care consistent with a patient's values (Guyatt et al., 2015). Educators emphasize the need for empathy (Nembhard et al., 2023). Yet, because of the erosion of trust in healthcare and the perceived lack of professionalism, the American College of Physicians and the American Board of Internal Medicine launched Project Professionalism, a decades' long project providing a clarion call for professional behavior amongst physicians (American, 1995; Ferguson, 2014). The Professionalism Project provided tools for assessing professionalism and case vignettes for educators to address the need for competent, compassionate and conscientious care by clinicians. Despite these monumental efforts in graduate medical education, Trzeciak and Mazzarelli's work exposes the pervasive ongoing lack of compassion in healthcare.

Human motivational theory commonly describes intrinsic and extrinsic motivating factors that influence individual behavior (Ratanawongsa et al., 2006). Researchers, policy makers and organizational leaders have focused a great deal on modifying extrinsic motivators for healthcare professionals such as reimbursement and recognition, but little attention has been given to fostering specific intrinsic motivators to encourage compassionate behavior amongst healthcare professionals (Herzer & Pronovost, 2014). One Intrinsic motivational factor, the satisfaction derived from undertaking actions that benefit other people or society (sometimes referred to as altruistic or prosocial motivation) is associated with improving the quality of care (Lagarde et al., 2019). Social science researchers have coined the term compassionate love: that form of love that is motivated to give of oneself for the good of the other (Fehr et al., 2008). This form of love is similar to the type of love described by Donabedian and others. It is not simply an affective form of love such as affection for another. It is not the passionate (*eros)* form of love between lovers. It is an action oriented, intrinsically motivated form of love for the good of the other (McMullen, 2021). This form of intrinsic motivation is akin to the characteristics of a loving physician or nurse elucidated in research recently conducted by members of our team at a southeastern United States academic medical center (Sams et al., 2021).

In our previous study we systematically explored what physicians and nurses thought it meant to love their patients aside from romantic love. Through in-depth interviews, we discovered that compassion is one of the common characteristics of love, but love encompassed more qualities than simply compassion. When asked what it means to love their patients, physicians and nurses described a variety of characteristics to include caring, compassionate, self-sacrificing, diligent, dependable, honest, kind, competent, patient and respectful. Participants declared loving physicians and nurses should advocate for their patients, hold their patients in high regard, listen well and demonstrate tough love when necessary. Reflecting on love inspired both the study participants and us to feel more motivated to love our patients. We asserted that the hallmarks and imperatives of love described by the subjects provided a compelling framework for high quality, patient centered, ethically sound healthcare. We recommended future research that explored patient perspectives on what it means to be loved by their physicians, nurses and other members of the healthcare team (Sams et al., 2021).

Currently, no research explores patient perspectives on what it means to feel loved by physicians, nurses, or other members of the healthcare team. However, there is extensive research on compassion from both patient and healthcare provider perspectives (Malenfant et al., 2022). In their updated scoping review of compassion in healthcare, Malenfant et al. noted some "antecedents of compassion," that patients expressed (Malenfant et al., 2022). These included intrinsic qualities of healthcare professionals thought to be integral to providing compassion, one of which was the virtue of love. Closely tied to research on compassion is the quality of the doctor patient relationship. Factors such as trust, knowledge, positive regard, and loyalty are known to affect both patient satisfaction and outcomes (Chipidza et al., 2015). Additionally, researchers at Mayo conducted a qualitative study asking patients about the qualities of the ideal physician. Through qualitative interviews, Mayo researchers identified seven qualities that patients identified as the ideal physician: confident, empathetic, humane, personal, forthright, respectful, and thorough (Bendapudi et al., 2006). A survey study by the NORC Center for Public Affairs Research of 1,002 Americans on their perceptions of healthcare quality discovered that patients believed the doctor-patient relationship was the most important indicator of quality, not competence (Associated Press-NORC, 2014). The qualities described in the aforementioned research were hallmarks described by physicians and nurses of a loving physician or nurse in our previous study. Thus, it is only natural to be curious about what qualities the patient describes as hallmarks of a loving physician, nurse or other healthcare professional.

In our current study, we aimed to explore patients' perspectives on the qualities of a loving

physician, nurse, or other healthcare team member, compare these characteristics with those described by physicians and nurses in a prior study, and identify any differences. We theorized that the characteristics described by patients would be similar to those described by physicians and nurses. If they are similar, this may provide further evidence for an ethic of loving care to be the foundation for high quality, ethically sound healthcare. There is an evolving recognition in the field of medicine that principlism with its overemphasis on autonomy is failing to provide the necessary foundation and impetus for such care to occur, and there are calls for "*humanitas*—a love for humankind," to revive the soul of healthcare (Tate & Clair, 2023).

Methods

This was a qualitative, exploratory study, utilizing grounded theory seeking to understand what patients think it means to be loved by members of the healthcare team. The researchers thought this was the best strategy because the question is broad in nature, and it has not been previously defined. As grounded theory research, it is "exploratory, seeking to understand the core social or psychological processes underlying phenomena of interest" (Watling & Lingard, 2012). Our phenomenon of interest was love in the context of healthcare, from the patient's perspective. Two medical student researchers interested in the intersection of love and healthcare volunteered during a one-month summer scholars' program. The study's format, recruitment methods, and the final number of patients interviewed were influenced by the time constraints of the students and the ongoing COVID-19 pandemic. The study occurred soon after the clinic re-opened on a limited basis to patients during the initial phase of the pandemic in the summer of 2020.

In the previous study, the researchers agreed to identify themes when one or more subjects expressed a similar idea in coded statements. The time and logistical constraints placed on the current study limited the number of patients interviewed, preventing this approach. The most common method to determine the necessary minimum number of patients in a qualitative study is to assess for theoretical saturation during the study: to continue to interview patients until no new themes emerge (Thomson, 2011). Given the above constraints, we could not formally assess for theoretical saturation. For these reasons, this was considered a pilot qualitative study.

The interviews were conducted in a family medicine clinic in a southeastern medical center using a convenience sampling method, approaching patients as they departed the clinic. The clinic serves a patient population of 15,000 patients, 98% adult, 54% African American and 39% Caucasian. Family medicine faculty physicians, resident physicians, family nurse practitioners and medical students see patients in the clinic. The student researchers invited adult patients exiting the clinic over a four-week period in July of 2020. The students used a standard document for the recruitment and interview. See Appendix.

Patients needed to be 18 years of age or older. If a patient agreed to be interviewed, they were taken to a private conference room and informed consent was obtained. The student researchers and the patients wore masks and maintained the recommended physical distance during the interview. The students utilized the questions listed in the Appendix. The team derived the questions from the prior study on physician and nurse perspectives on what it means to love their patients (Sams et al., 2021). The current team modified the questions for the patient perspective through iterative dialogue and consensus. The questions were developed to be broad enough and primarily open ended to encourage spontaneous reflection. The students digitally recorded and transcribed verbatim the interviews into Microsoft Word documents. The study was reviewed by the medical center's IRB and approved as an exempt study.

Once all interviews were completed, the principal investigator and a third student researcher reviewed each manuscript manually and coded each transcript through an inductive process (Medelyan, 2024). They each coded salient comments from the interviews that appeared to describe love and placed these comments in a shared separate

document. Once completed, each independently developed a list of themes from the coded statements that corresponded to the descriptions used by the patients. After reviewing their themes together, through dialogue they reached consensus on all the themes.

The student researcher perceived the themes to fit broadly into two overarching categories: characteristics and actions of loving physicians, nurses or other members of the healthcare team, and characteristics and actions of unloving physicians, nurses or other members of the healthcare team. The two researchers reviewed the themes and mutually agreed on the categories in which to place them. The researchers compared the themes to those described by the nurses and physicians in the prior study. Through dialogue, they determined which themes described by the patients were directly or indirectly related to the themes described in the prior study or if they were not mentioned previously.

Results

We ultimately interviewed twenty-one patients. Themes were categorized into characteristics or actions of loving or unloving members of the healthcare team. When asked to define and describe love in general, patients provided 5 characteristics and 13 examples of actions demonstrating love. Patients commonly described a loving person as empathetic, trustworthy, deeply caring, seeking to connect with the other and values the other. They believed a loving person demonstrates a concern for the wellbeing of the other. Some described love as unconditional and connected to the divine. Patients described 23 characteristics and 24 actions typifying a loving physician, nurse or other member of the healthcare team. Twenty-two of the 23 characteristics and 21 of the 24 actions typifying love were directly or indirectly mentioned by the physicians and nurses in our previous study. See Figures 1 and 2.

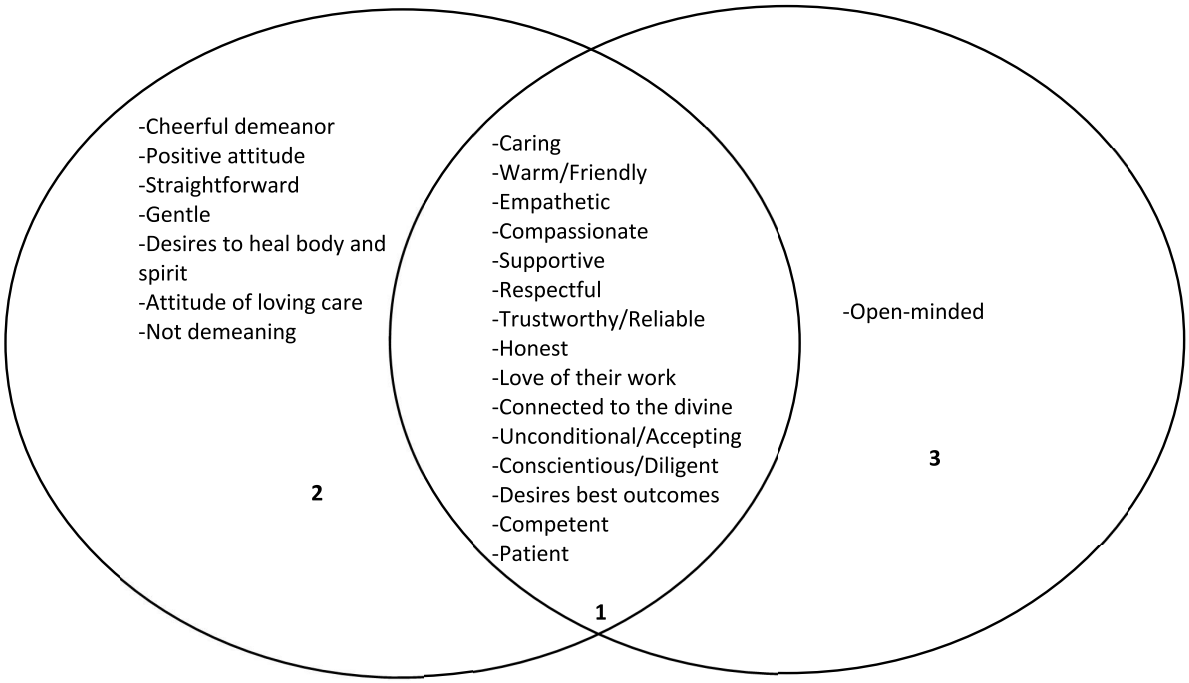

Figure 1. Characteristics Related to Love Expressed by Physicians, Nurses and Patients
1: Mentioned physicians, nurses and patients; 2: Expressed directly by patients but only indirectly by physicians and nurses; 3: Expressed only by patients

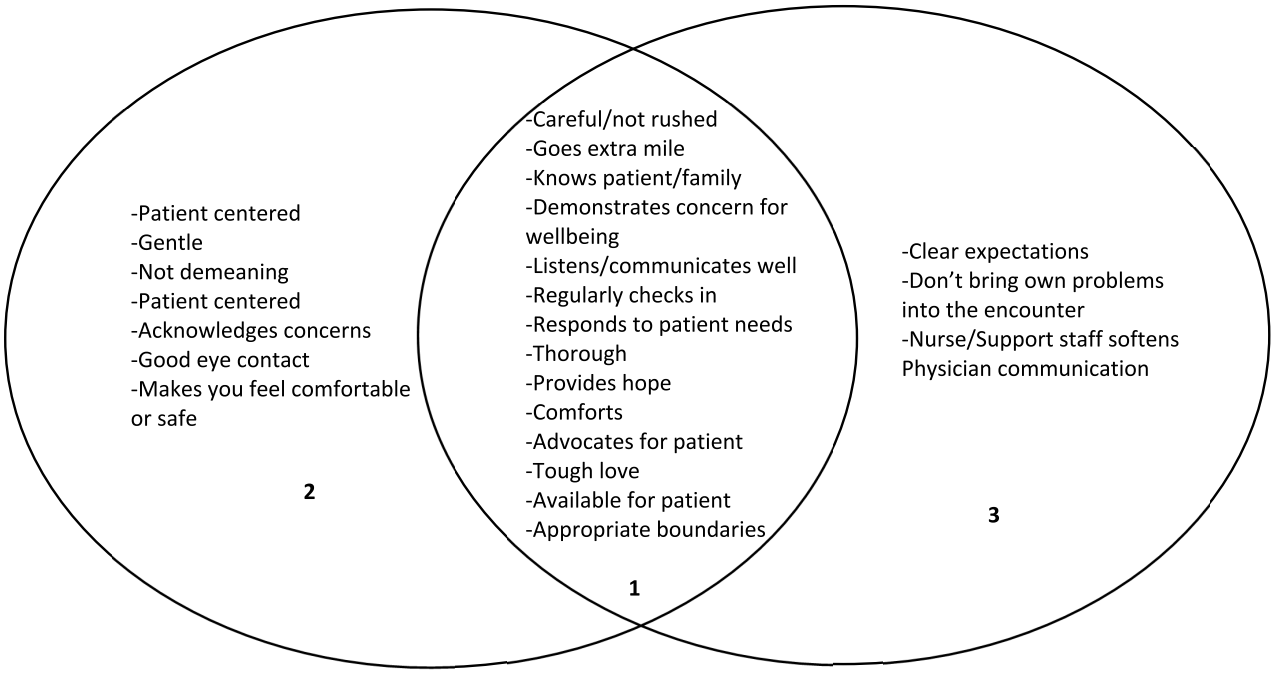

Figure 2. Actions Related to Love Expressed by Physicians, Nurses and Patients
1: Mentioned physicians, nurses and patients; 2: Expressed directly by patients but only indirectly by physicians and nurses; 3: Expressed only by patients

Patients believe love is a necessary component of the care provided.

Nineteen of the 21 patients (90%) stated an unqualified yes—they should be loved by their doctor, nurse or other members of the healthcare team. In one circumstance, a patient felt they should be loved principally by the nurse to "soften the communication of the physician." In another circumstance, a patient thought they should be loved by the physician but not the nurse because the nurses "deal with so many patients." One patient expressed hesitation to describe the relationship based on love, thinking of love in more affective terms: "They don't necessarily have to like me, but I do feel better if I have a good relationship, a friendly relationship with my doctor." One patient agreed to be interviewed, then proceeded to express dissatisfaction with the visit due to being seen by a "student" (actually, a resident physician), and ultimately did not answer the question directly.

The rest of the patients felt all members of the healthcare team should be motivated by love. They cited a variety of reasons: love reflected, "a deep caring of the person;" love fostered mutual respect between the doctor and patient; love prompted the physician to know the patient as a person; love inspired compassion and a willingness to take the time and talk; love "desired the best outcomes for the patient;" love prevented a bad attitude or arrogance by the physician or nurse. One patient expressed love was necessary to make medicine humane:

> "I think there should be [love]. I think there needs to be an element of humanity that is present when you're interacting with another human being, especially someone that has some ailment of some kind. I think you are demonstrating love by being caring, by being supportive, and by having as much empathy as you can when you're treating people."

One described love itself as the greatest medicine, and another described medicine as a form of love:

> "I think that in itself medicine is a form of love. We create that thing in order to make someone better. Someone was behind the chemistry to create this thing for whatever reasons, you know altruistic or personal, but at the end of the day that technique, that treatment modality, that therapy, that whatever is a tool to make someone better. So, I think at the end of the day it's just a tool that is inherently made to love."

As recipients of care, patients described love just as physicians and nurses described providing loving care.

Most of the characteristics and actions of love described by the patients were remarkably similar to those described previously by physicians and nurses. See Figures 1 and 2. They described love in the setting of healthcare most commonly as caring, empathetic, and compassionate; loving physicians demonstrated good bedside manner; loving physicians and nurses are trustworthy, reliable, and honest. Those in healthcare love their work; three saw the love conveyed in healthcare as connected to the divine; to love in the context of healthcare was to be conscientious and diligent in the care provided; and love by physicians is unconditional, accepting, and has the best interest of the patient at heart: "My doctor, no matter how much I eat, he tries to get me on the right track. He puts up with me even though I eat sugars. He is still trying to get me on the right track."

Patients believe love places an emphasis on patient-centered care.

The patients described specific patient-centered aspects of healthcare that physicians and nurses spoke of in broader terms. Physicians and nurses spoke broadly about good bedside manner. Patients saw good bedside manner as "vital that can make someone's day and experience completely different. That can cause someone to not want to come back, if they're treated without any of those qualities."

One patient described good bedside manner as having far reaching consequences:

> "But when they come to you, at least a smile sometimes can change people's mind. Some people contemplate killing themselves and taking their life, but sometimes one simple smile might change their whole demeanor. How you treat and greet makes a difference in life."

Patients described the following specific aspects of good bedside manner as loving: providers should have a cheerful demeanor and positive attitude; they should speak in a straightforward, respectful manner; they are personal, unrushed and gentle. As one patient said, "They remember you, and they're gentle. They don't appear to be so rushed that you feel like you're in the way." These providers make the patient feel safe and comfortable; finally, loving healthcare professionals would acknowledge the patient's concerns and make good eye contact.

Few qualities were only mentioned by patients.

Patients provided only four characteristics or actions of love in healthcare not mentioned by physicians and nurses. See figures 1 and 2. Like those only indirectly mentioned by physicians and nurses, these characteristics were very specific in terms of the way those in healthcare related to patients. Members of the healthcare team should be open-minded. As suggested by one comment: "Stop putting everybody in boxes. We're not boxes, you know; just have an open mind and an open heart." The physician should have clear expectations, as stated by a patient: "The doctor takes his time to tell me what to and what not to do, and what do I need to do about food and all that." Those in healthcare shouldn't bring their own problems into the patient encounter, and those in support should soften the communication of the physician. As one comment reveals, "I think part of a nurse's job is to soften the relationship you have with your doctor."

Patients were passionate about characteristics and actions of an unloving healthcare team.

Patients expressed 21 different characteristics and actions of an unloving healthcare team. These were expressed by some with a good deal of passion, and

Table 1

Characteristics and Actions of an Unloving Healthcare Team or Professional

Long wait times	Not listening
Brusque/Rude	No bedside manner
Lacks empathy	Cold/Aloof
Treated like a number	Understaffed
Acting like doing you a favor/ Making you feel like a burden	Unclear expectations
Unkind	Negative influence of EHR
Closeminded/Not coming up with solutions	Demeaning
Dismissive/Brushed off	Not following through on word
Makes you feel uncomfortable	Needed help and not given
Not answering phone calls	Lack of trust
Not treating elderly because old	

sometimes reflected their immediate experience in the clinic. Other characteristics were deeply felt convictions about healthcare in general. Common themes included long wait times, feeling rushed, impersonal healthcare, and healthcare providers that are rude. See Table 1.

Just as physicians and nurses thought that time was the biggest barrier to providing loving care, patients felt the limitation of time when being seen created an unloving environment. As one patient stated:

> "Everything being time driven, you know that the doctors only have X amount of time they can spend with this patient. Then they have to go to the next patient. Sometimes you feel you're bothering them. You feel like that as soon as the doctor walks in, the clock starts ticking. It takes some people a while to be able to express their deepest need to a doctor, no matter how much they trust them, because things are very personal, you know."

Many physicians and nurses in the prior study declared that when medicine is principally considered a business, it is a barrier to loving healthcare. One patient described the same sense as a recipient of care.

> "So, the system is not loving, in the sense that we're viewed as a number, and we're used. We are viewed as a dollar sign. So, the motivations of the healthcare system are oftentimes based on what's good for the company or, the third-party payer, what's good for them rather than what's ultimately good for the patient."

When asked about a loving healthcare system, patients typically thought of the setting where they currently received care instead of the broader healthcare system in general. When they did reflect on the system more broadly, access to healthcare, and healthcare equity were two dominant themes. In the previous study, similarly, some physicians expressed that an imperative of love in healthcare was to create a more just system. Many of the characteristics patients desired in individual members in healthcare, they also desired in the healthcare system in general. One patient poignantly mentioned that if we want a loving healthcare system,

we need to hire loving human beings: "It's best to hire people who already have that capability [to love] in them."

Discussion

This is the first known study to explore patient perspectives on what it means to be loved in the context of healthcare. Most of the participants unequivocally thought they should be loved by members of the healthcare team. They described myriad characteristics or actions that reflect love in the setting of receiving healthcare. Despite the lower number of participants, the similarity in the themes identified by both givers and receivers of care were remarkably consistent. Characteristics that were only indirectly mentioned or not mentioned at all by physicians and nurses pertained to specific aspects of the healthcare provider-patient relationship. They were patient communication skills that providers and nurses sum up as good bedside manner. These patient specific themes bolster the findings from the NORC survey that the most important indicator for quality care from the patient perspective is the nature of the relationship formed with those in healthcare (Associated Press-NORC, 2014). Interestingly, our patients relate these qualities to the impetus for those in healthcare to love their patients. As one patient stated, those in healthcare need to have "an attitude of loving care." This uniformity in descriptions of love by those giving and receiving the care speaks to the universal nature of love as a relational reality (Vacek, 1994; Sorokin, 2002). Physicians, nurses and patients eloquently articulated the nature of this fundamental relational reality in the context of healthcare. We believe most people would agree that the characteristics and actions ascribed to love by our participants should be central to healthcare.

Compassion was one of the most common characteristics ascribed to love in both our studies. Compassion—*com passio*, or to suffer with—implies a "virtuous and intentional response to know a person, discern their needs and ameliorate their suffering through relational understanding and action" (Sinclair et al., 2016). In the words of Dr. David Addis, Director of The Task Force's Focus Area for Compassion and Ethics, "Compassion is what love does in the presence of suffering or in response to suffering" (Templeton World Charity, 2022). Love does—i.e., love is action-oriented and directed to the good of the suffering other. Our patients' descriptions and those by the physicians and nurses in the previous study reflect the primacy of love as a motivating factor for compassionate behavior. As Malenfant et al. discovered, some patients see love as an ante-cedent virtue that results in compassionate care. (Malenfant et al., 2022).

Yet love was more than compassion. Other predominant characteristics included being caring, trustworthy, the ability to relate to others in a warm manner, empathetic, and a love for what they are doing. Common actions reflecting love included being careful, not rushing, going the extra mile, demonstrating a concern for the patient's well-being, knowing the patient and family well, being a good listener and a good communicator. Participants also described love as honest, unconditional, and supportive. Some connected love for others to the divine. They described love as patient-centered, safe, gentle, practical, helpful and hopeful. They expressed that healthcare professionals motivated by love would be more empathetic and deeply caring. Patients in the current study and the physicians and nurses in the prior study testify to the fundamental importance of love in relationships between patients and those providing healthcare. Compassion and these other relational characteristics and actions flow from the motivation to love the other.

No other studies have specifically queried patients about love in the context of healthcare. A qualitative study of hospitalized Iranian patients sought to understand patients' perceptions of human dignity and what constituted dignified patient care (Cheraghi et al., 2015). A theme that emerged which preserved a patient's dignity was "service based on love and kindness." The provision of dignified healthcare "based on" love suggests

that love serves as the primary motivating factor. In Halldorsdottir's qualitative research on patient perspectives on life-giving nurses, patients expressed that life-giving nurses "seem to be illuminated with the consciousness of spiritual knowledge and seem to be filled with genuine caring. Their thoughts seem to be full of loving-kindness and compassion which spring from love for their fellow beings. Their cheerful presence was an element that was extremely important for the patients within the often grim reality of the hospital situation" (Halldorsdottir, 2008). "Spring forth" again suggests love as the motive force behind life-giving nurses.

Social science researchers coined the term compassionate love to describe the attitudes and actions related to giving of self for the good of the other. Hallmarks are a "self-giving, caring love that values others highly and has the intention of giving full life to the other" (Post et al., 2002). Two core features of compassionate love are motivation and discernment (Underwood, 2005). In the context of healthcare, the clinician is motivated out of love for the patient to pursue the highest good of the patient and discerns the best way to do this in the context of the care delivered. The term compassionate love is akin to Petriceks' active love that is a "concrete action that meets another's specific needs" (Petriceks, 2023). Philosopher James Marcum describes a "prudent love" that empowers "the virtuous clinician to make wise and caring clinical decisions in order to provide the health care patients expect and deserve" (Marcum, 2011). The themes described by our patients that reflect love in healthcare are consistent with the characterizations of love by Post, Underwood, Petriceks and Marcum.

Equally important is what our patients described as unloving behavior in the context of healthcare. Some of the themes were systems-based issues, such as the electronic health record, understaffing, long wait times and medicine principally functioning as a business. Other issues had to do with a lack of loving qualities in the relationships with those providing care. Inside or outside of a healthcare experience, no one likes to feel like a number, be brushed off, made to feel small, or go unheard. It is especially troubling in healthcare as patients come to us during times of vulnerability and great need. To encounter demeaning, cold staff after waiting for unreasonably long times is self-evidently not loving. Our patients' descriptions stand as a sober reminder of how we should not be or act as healthcare professionals.

The patient descriptions of unloving healthcare are reminiscent of the compassion crisis described by Trzeciak, Roberts and Mazzarelli (2017, 2019). If love is the primary motivator for compassionate healthcare, perhaps what is missing by those providing de-personalized care is the motivation to love their patients. This is the contention of doctors Tate and Clair in a philosophical assessment of the state of medical ethics and healthcare, "Love your Patient as Yourself: On Reviving the Broken Heart of American Medical Ethics" (2023). They claim there is a moral malaise in medicine that has left healthcare "soulless and barren without love" (Tate & Clair, 2023). The healthcare enterprise in the U.S. has become technologically and monetarily driven while virtue ethics has been vanquished, replaced by "a soulless algorithm—an ethic for soft robots. Love, courage, goodness of soul and genuine care for patients have become expendable traits" (Tate & Clair, 2023). Their solution is to reanimate the physician (and we would argue others in healthcare) with a love of humanity. They contend the virtue, *humanitas*—a love for humankind—should be the primary motivating feature for those providing care to the sick and suffering and should serve as the basis for medical ethics.

Previously, little research has been done to ask how the motivation to love patients affects the quality of healthcare. To explore this connection, researchers in two southeast health systems asked unit managers and directors at two hospitals to identify "exemplary individuals—nurses, doctors, and other clinicians—who are really caring and compassionate in their interactions with patients," and then interviewed these clinicians. The interviewees described high levels of intrinsic motivation driven by spiritual-transcendent values such as the Golden Rule or the disposition of their hearts

(affect and will) to seek the divine (Graber & Mitcham, 2004). They desired to translate these values and dispositions into improving the lives of those charged to their care. The authors categorized this disposition as being motivated by love.

ChenMed, a value based primary care organization for lower-middle income Medicare patients, explicitly states that their three core values are love, accountability and passion (Carter, 2022). Their senior centers are typically located in lower income communities in order to reach those in most need. ChenMed's leadership emphasizes loving its employees, creating a workplace that clinicians love to work at, and prioritizing highly personalized loving care for the patients. They describe conducting love calls to patients during the pandemic and going the extra mile in love for their patients. More than 95% of their patients feel genuinely heard and feel genuinely cared for (ChenMed, 2021). Consequently, it was named the 8th most desirable place to work in the country in 2022 (America's, 2022). They demonstrated in their "high touch" model of care that they overcame vaccine hesitancy and health disparities amongst non-Hispanic Black patients resulting in higher COVID vaccination rates, a 40% lower mortality rate than similar patient populations and 30-50% fewer emergency room visits and hospitalizations during the COVID pandemic (Lane et al., 2023).

Similarly, Emory St. Joseph's Hospital mission is to give "tangible expression to Christ's *merciful love* by providing compassionate, clinically excellent health care in the *spirit of loving service* to those in need, with special attention to the poor and vulnerable" (Emory Healthcare, Emory). Emory St. Joseph's earned its sixth Magnet Designation in 2019, making it the first community hospital in the world to earn six consecutive designations (Emory Healthcare, About). A Magnet designation "is steadfast proof of a hard-earned commitment to excellence in health care, with contented nurses at its heart. The Magnet Recognition Program designates organizations worldwide where nursing leaders successfully align their nursing strategic goals to improve the organization's patient outcomes" (ANCC, 2023). Such concrete high-quality outcomes in individuals and organizations that make loving their patients an explicit priority suggests a compelling association between love and superior health care.

Others are openly calling for love to be *the* animating force in healthcare. In the Allegheny Health Network (AHN), Barb Bobula, the vice president of Patient Experience expressed to her leadership team that "the L- word is rarely uttered," but it is time for that to change. Bobula and AHN "want it to become more acceptable to use that term — at AHN, we are bringing love back into the conversation. In health care, love is a healing super-power — not only for ourselves, but for everyone around us" (Toland, 2023). Ashley McMullen, an internist, was trained as a student with the principle that the key to success as a physician was to love her patients. Ten years later, against the background of the COVID pandemic when caring for a difficult patient, she came to realize the choice to love—even the difficult patient—is the key. McMullen stated, "The choice to love, especially those who are easy to dismiss or disdain, comes with work of practicing medicine through humility and narrative competence. Love is a revolutionary act. Perhaps in the age of COVID-19, we could use a little revolution in medicine" (McMullen, 2021). Our research adds weight to these convictions by other healthcare leaders that love needs to be a central animating force in healthcare.

There are several limitations to our current study. The number of patients interviewed was relatively small, and some of the identified themes were only mentioned once; we did not assess for thematic saturation. Ongoing fears of the COVID-19 pandemic limited patients' interest in participating. We anticipate that if we had a larger cohort of participants all themes would have been identified more than once. The study was not designed to compare in detail the differences in patient perceptions of the characteristics or actions of love demonstrated by physicians, nurses and other members of the healthcare team. Participants occasionally alluded to differences that we highlighted in the results.

Additionally, we suspect that the wearing of masks and social distancing necessitated by the pandemic decreased the spontaneity and comfort of the participants during the interview. Conducting interviews on patients immediately exiting the clinic sometimes resulted in more clinic-specific feedback than general reflections on love in healthcare. Healthcare in the setting of medical education is inherently inefficient and often wearisome. Still, in spite of wearing masks and social distancing, some participants spoke with great passion, eloquence and candor. Their responses both inspired and challenged us as current and future physicians.

Future research should be conducted outside of an academic medical center and recruit a larger number of patients. Larger studies could query patients specifically on how the love provided by different providers of healthcare is similar and different. Future research may be best conducted asynchronously from any clinical visits outside of an educational setting. This would foster more reflective responses and less reactive responses to a particular visit. Utilizing a purposive sampling method by inviting those interested to be interviewed on the topic may provide additional insights. Future studies assessing the quality of care needs to explicitly explore love as a particular motivating factor influencing the quality of care delivered. One validated tool that assesses the motivation to love is the Compassionate Love Scale (Chiesi et al., 2020; Mersin et al., 2020). This was the scale used in the exemplary clinicians study. Findings from our research could be used to develop validated scales of characteristics and actions of loving healthcare professionals. Researchers could use such scales to assess if loving patients as described affects healthcare outcomes and patients' perceptions of quality.

Conclusion

Based on our findings in this and the previous study, we contend that love as described by our participants is the modus operandi, the wind in the sails, of compassionate, high quality, ethically sound healthcare. The better angels of our physicians and nurses and the hopes of our patients declared such love is necessary for high quality healthcare. We believe this type of love described by our participants is intuitive. That is, each of us in healthcare knows at some level how we should be and how we should act. If or when we—or our loved ones—become patients, we know we would hope for such care.

Love is also intuitive in that it inspires. Hearing the descriptions or seeing others act in a loving manner towards patients make us want to be and do the same. In the words of an infectious disease specialist in our previous study, love is contagious. We believe, as Bobula exclaimed, that love is a healing super-power. The outcomes from the exemplary clinicians' study, ChenMed and Emory St. Joseph's support this contention.

We are deeply moved by the realization and perspective shared by Jewish psychiatrist Viktor Frankl, who declared, while imprisoned in a World War II concentration camp, "I saw the truth—that love is the ultimate and highest goal to which man can aspire" (Frankl, 1992, 49). If love truly is the ultimate and highest goal for us as humans, shouldn't we integrate this principle into every level of healthcare? Shouldn't we expect those aspiring to study or work in this field to be motivated by and demonstrate qualities rooted in love? In the words of Martin Luther King, Jr., the brokenness in the world, and in our case the relative lack of love in healthcare, can be overcome when "men are possessed by the invisible, inner law which etches on their hearts the conviction that all men are brothers and that love is mankind's most potent weapon for personal and social transformation" (King, 1986). A social transformation of love in healthcare will not come simply by more measuring of our learners and providers, and certainly not by more regulation of our health systems. It will occur by expecting and inspiring those in healthcare to see their patients as their brothers or sisters in life, deserving love in their time of need.

Appendix

Love and Healthcare Survey - Patient Perspectives

Materials

- Tissues
- Hand Sanitizer; Clorox Wipes / Lysol
- Research iPad and charger
- Device with Otter.ai + charger
- Blank paper
- Watch, student ID badge

Printed documents

- Recruitment "quarter-sheets"
- Post-Interview contact cards
- IRB consent form
- Patient distress resources

Patient "Warm Up" - *while walking to conference room, cleaning conference room table*

- Talk about **why** this research is **important** to interviewers, **personally**. [Ex: This information will help me be a better future doctor.]
- Talk about **why** this research is **important in general**. [Ex: We hope to share this information with clinicians so they can improve their practice.]
- **Small talk** with the patient. [Ex: Have you been in Augusta long?]

Introduction

Hi, I'm _____. I'm working with **Dr. Richard Sams** in the Department of Family Medicine to look at the **relationship between love and medicine**. We're interviewing patients to get their thoughts on what it means to be loved by their doctor, nurse, or healthcare team in general. We know that **love** between people **can mean many different things**. Today we're interested in what patients think it means to be loved, **aside from romantic love**. We're especially interested in how a loving doctor or nurse might affect how patients are cared for. Please note that while we're in a family medicine clinic today, **we're interested in your experience with all healthcare** professionals, specialties, and settings. We also want your **honest** thoughts, negative or positive.

If you'd like to continue, this interview will only take **10-20 minutes**. Your responses are **anonymous** and we won't ask for any identifiable information except for **age**.

If you agree to participate, you consent to be recorded during the interview. The recording is just to make sure I don't misquote anything you say and no one but me, another medical student, and Dr. Sams will ever hear it. Your interview recording will be **temporarily stored** in a secure, confidential research record and a **transcript** of your interview will be used for research purposes. **Quotes** from your interview with identifying information removed may be used in research papers, presentations, or teaching material outside the health system.

You may ask me to stop recording or to stop this interview at any time.

So, **would you be willing to participate?**

(Wait for verbal Yes or No; Start recording: Voice Memo on iPad, Otter.ai on phone; re-record consent; ask the following questions one at a time:

1. What do you think it **means to be loved by another person** aside from romantic love?

Next, I'm going to ask you about doctors, nurses, and other healthcare staff, one at a time.

2. As a patient, do you **think you should be loved** by…
    a. Your **doctors**?
        i. *Probe: Why or why not?*
    b. How about your **nurses (specifically)**?
        i. *Probe: Why or why not?*
    c. How about **other healthcare staff** caring for you (specifically)?
        i. *Probe: Why or why not?*
3. What would you say are the **characteristics** of a loving **doctor**?
    a. How about the characteristics of a loving **nurse**?

For the next few questions, I'll ask you to **reflect on** your **interactions with healthcare team** members. The healthcare team includes **doctors**, **nurses**, and **anyone** else who you've **encountered as part of your patient experiences.**

4. Can you tell me about a time a member of the healthcare team **did something loving** for you?
    a. *If No:* How about for someone you know?
    b. *Probe: What about that made it loving?*
5. Can you tell me about a time you **felt unloved** because of something healthcare staff did?
    a. *If No:* How about for someone you know?
    b. *Probe: What about that made it unloving?*
6. What would it look like for **you to love your healthcare team** - *your doctor, your nurse, and others involved in your care?*

Now I'm going to ask you to think about current **healthcare system**.

7. What do you think a **loving healthcare system** looks like?
    a. *Probe: On a local level? …state level? … national level?*
    b. *Probe: Can you tell me about how our current healthcare system might not be loving?*
    c. *Probe: How would you change our healthcare system to be more loving?*
8. Do you have **any other thoughts** about **love** relating to your interactions with doctors, nurses or healthcare workers in general?

Finally, we have one demographic question:

9. What **year were you born**?

Turn off recording devices; If needed, share patient resources handout; share post-interview contact card

Thank you so much for sharing with us. **Your thoughts about _____ were especially insightful**. My contact info is on the sheet I gave you earlier, so please email me or Dr. Sams if you have any questions or concerns

Escort the patient to the exit and write interviewer reflections.

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