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Advertising hospice care services

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ABSTRACT

Many hospices advertise their services, yet the audience may frown upon the commercialization of death. Because research has ignored the content of hospice advertising, I analyzed quantitatively and qualitatively the content of 105 American television commercials. The hospices used four major solutions to invite positive readings. They narrated hospices as salvation, provided empowerment, represented hospices as quality service, and appealed to positive values, including comfort and support. Consequently, the commercials used affective advertising to create an emotional appeal where hospices appeared as solutions to difficult life situations. Consequently, the commercials represented both dying and hospices as potentially positive, and marketable experiences.



In the US, most hospice care providers are private and for-profit organizations (67%), whereas 29% are community-based not-for-profit organizations, such as religious organizations (NHPCO Facts & Figures, 2017). Because most institutions accept both private health insurance and Medicaid and Medicare programs, customers can choose their care provider. Competition for customers has increased the need for marketing, even as hospices struggle with doing so (Ferris, 2004). Part of the struggle regarding marketing is the lack of know-how and shortcomings in strategic planning (Matthews, Peters & Lawson, 2017), but there are also cultural barriers to overcome.

Although the commercialization of health services has become the norm in the American health care system (Thomas, 2010), critics see that contemporary for-profit organizations can corrupt the whole idea of an altruistic hospice (Neumann, 2016). Research on hospice marketing has also recognized the sensitivity of the topic of death, people's reluctance to address it, general lack of knowledge regarding the advantages of hospice care, and negative connotations of hospices as places to die (without the hope of getting better) as cultural barriers that complicate hospice marketing (Hickey & Quinn, 2012; Stanley, 2003). Although earlier research has focused on marketing goals and strategies, it has ignored the actual advertising content. In order to fill this gap in research, I investigated

how hospices' advertising practices negotiated the contradiction between public opinion and the commercialization of both nonprofit and for-profit hospice services.

The hospice movement appears as a wide marketing campaign that aims to make people ask for a dignified death as part of health care services and to influence legislation on care practices. Besides political support, the hospice movement aims for public recognition in order to convince people to demand quality care. In the process, the movement reaches out to communities and educates people about different options at the end of life. Yet, despite decades of work, hospice practices remain unfamiliar to many members of the public, and several researchers have emphasized hospice marketing's role in achieving educational goals (Hickey & Quinn, 2012; Stanley, 2003). By informing potential customers about specialized care, commercials can fulfill an educational role and create a need for hospice services.

The context of death and dying creates a set of challenges for hospices' advertising efforts. Generally, advertising draws its inspiration and contents from positive emotions such as joy, love, optimism, and self-esteem (Illouz, 2018). In comparison, dying connects to another set of emotions, such as grief, despair, sorrow, anger, and guilt. Additionally, the general public considers the use of death and dying

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for trivial purposes inappropriately sensational and morally questionable (Altena, 2009; Harper, 2009; Malkowski, 2017). Therefore, advertising death-related service is not straightforward. As a result, hospice commercials need to appear discreet, respectful, and positive.

In hospice marketing, the advertising content can contribute to public notions about hospice care, death, and dying. Previous studies have debated potential strategies for successful hospice marketing (Genovese, 1995), or focused on hospice referrals, where physicians function as gatekeepers for attracting new patients (Richards & Takeuchi, 2006). A rare study focusing on what marketing practices hospices currently use recognized families of the potential patients (general public) as an important target alongside doctors. To reach the general public, hospices reported using events (97%), web marketing (73%), and mass media advertising (70.5%) in their advertising efforts (Matthews et al., 2017). Despite these high numbers, there is no research on hospice advertising in mass or social media. I contribute to such research by analyzing the ways American hospice commercials have attempted to turn the potentially negative connotations of selling end of life into positive interpretations of hospice care.

Method

I analyzed 105 US hospice commercials that fit the traditional 30-s spots in television flow, which is the most common television commercial format in the US. Although the commercials' format followed television requirements, several hospices and other institutions also published the commercials on their websites and social media channels. I collected data from YouTube by using search phrases "hospice advertisement," "hospice ad," and "hospice commercial." Publishers had uploaded the collected commercials to YouTube between 2008 and 2017, and I obtained commercials from 43 states and 76 different hospices. Some hospices were active advertisers, and in order to include commercials from several hospices and areas I limited each hospice campaign to a maximum of three commercials.

I analyzed this audiovisual data by using mixed methods, including both quantitative content analysis and qualitative thematic analysis. The analyzing process had three steps. First, I collected and quantitatively analyzed the metadata provided by YouTube. The data included name and location of hospice, the commercial's publication date and publisher, the

chosen YouTube publication category, the number of views, likes and dislikes, and whether there were any comments or discussion. This data provided important background information about hospice commercials.

Second, I watched all the commercials repeatedly and quantitatively marked down the following features. First, I listed what sounds were used (music, effects, gender and race/ethnicity of any character speaking, and male/female voice-over). Second, I itemized the images in each shot. I paid special attention to representations of people (gender, race/ethnicity, and their roles – hospice patient, family member, friend, staff, volunteer, or other), locations (hospice homes, nature locations, private homes, or other), and on-screen activities (headshots, care activities, everyday activities, memorial photographs, or other). I listed any visible expressions of emotions, including signs of happiness, sadness, mourning, anxiety and compassion, expressions of affirmation (professional authority), and touching. I categorized images based on visual estimation, which can include misinterpretation. Additionally, I transcribed all vocal and textual elements in the commercials. I analyzed this data by using the open-source application Voyant Tools, which quantitatively counts words and phrases, and provides information on the most used expressions. The quantitative content analysis revealed clusters where certain audio and visual elements tended to appear together.

Third, I thematically analyzed the clusters. I paid attention to the use of emotions in constructing the storylines. I studied how the commercials created relatable emotions in order to appeal to audiences. I identified four thematic categories, which I discuss below.

Results

On YouTube, the 105 hospice commercials were published by hospice organizations ($n=52$), marketing companies and copywriters ($n=50$), and other sources, such as performers ($n=3$). Typically, hospices published their commercials in the YouTube categories of "Nonprofits & Activism" ($n=28$), "People & Blogs" ($n=12$), "Education" ($n=10$), and other categories ($n=2$). In comparison, marketing companies and copywriters preferred the categories of "Film & Animation" ($n=12$), "People & Blogs" ($n=12$), "Nonprofits & Activism" ($n=12$), followed "Entertainment" ($n=4$), "Education" ($n=2$), and other categories ($n=8$).

The commercials were not popular content on YouTube. In average, the hospice commercials received 370 views (median = 229, range = 1–3007). They rarely had comments (2 had a few comments), likes (31), or dislikes (3). Typically, the commercials published by hospices (average of 448 views) were more popular than those by marketing agencies (average of 281 views). Popularity increased if the hospice organization had shared the link on their website or elsewhere on social media.

Commercials used soft background music (piano music 43%, guitar music 32%, other instrumental music 19%, singing 1%, no music 5%). Most commercials ($n=69$) included character interviews either without ($n=38$) or with voiceover ($n=31$), one third ($n=34$) used only a voiceover (here, I use the concept to refer to an unseen speaker), and two commercials used only textual elements. The interviews involved family members ($n=70$), hospice staff and volunteers ($n=41$), patients ($n=5$), or other people ($n=3$).

Overall, the speaking roles had a strong gender bias. In total, women ($n=122$) spoke in commercials twice as often as men ($n=64$). Speakers included family members (52 women, 18 men), voiceover roles (43 women, 24 men), staff members/volunteers (24 women, 17 men), patients (2 women, 3 men), and other roles (1 woman, 2 men). Female family members described hospice care for their parents ($n=26$), husbands ($n=9$), and other or non-specified family members ($n=11$). Male family members described care for their parents ($n=9$), spouses ($n=3$), brothers ($n=2$), or non-specified family members ($n=4$). All family members testified how the care helped their loved ones and them in the process.

Similar gender bias was visible in the images as well (I counted the people in the foreground of the picture, and excluded family photos that were used as decoration and people who were not clearly visible). Overall, the images included more women ($n=235$) than men ($n=124$). Images included patients (47 women, 51 men), staff/volunteers (99 women, 30 men), and family members (83 women, 37 men).

These hospice commercials favored the Caucasian race. White people were visible in 77% of roles ($n=276$), black people in 11% ($n=39$), people with Latin American background in 6% ($n=20$), and people with Asian origins in 3% of roles ($n=12$). Furthermore, racially marginalized people often appeared in general pictures (group pictures), and only six commercials gave them a central role. Two commercials related the experiences of Latin American women whose family members had been in

a hospice, three commercials had black people in a speaking role, and one commercial featured a man of Asian origin.

The dialogue, voiceover, and textual elements of the commercials used the words hospice (286 mentions), care (162 mentions), life/live (99 mentions), death/dying (28 mentions, most often in metaphorical form, such as final chapter or end of life). Health appeared more often in a negative context (53 mentions) including terminal or serious illnesses than in a positive context (17 mentions). The hospices promised to manage these conditions, and the positive twist became clear when discussing the symptoms, as the commercials promised pain-free experiences (12 mentions).

Filming locations were hospice institution ($n=45$), private homes ($n=31$), nature such as beaches and gardens ($n=11$), and other or unspecified locations such as the use of photographs or background canvas ($n=18$). Images typically visualized positive emotions by showing affectionate interactions: a family member or a member of staff caressed the patient; various people exchanged hugs or gave encouraging pats on the shoulder. The commercials also used images where younger, smooth hands covered older, wrinkled hands.

The content analysis revealed two main clusters. First, some commercials ($n=57$) utilized storytelling modes. They used either documented or fictive stories to introduce patients' and their families' experiences with hospice care. They used interviews, photographs of patients and families, and often filmed at people's homes or in nature. Stories had two main emotional approaches. One focused on how hospices saved people from traumatic situations, and others described how hospices enabled people to live fully until the end.

Second, some commercials ($n=48$) highlighted institutional viewpoints. They showed staff members and volunteers, included images of care work, and repeatedly referred to hospices as we by promising that we will take care of the patients. Within this cluster, the commercials either focused on the rational explanation of services or highlighted core values and ideologies behind hospice care.

Consequently, from these two clusters, I identified four partially overlapping themes. I list each below, with examples.

Hospice care as a salvation

The most frequent theme ($n=29$) was how hospices saved people in difficult situations. They very explicitly changed potentially negative emotions into positive experiences. One commercial started with an

image of a woman with tears in her eyes. She was sitting on a bed by the window where dark and oppressive shadows fell on her. The stark contrasts made the image look almost black and white while the woman talked about her guilt. Her father only had a few months left to live and she was feeling frustration, stress, depression, and exhaustion. All the elements conveyed the anxiety and oppression of the situation. In the next image the woman held a calling card and phoned someone. This was the turning point of the story. Smiles, sunshine, and colors filled the screen when the woman greeted a hospice care worker visiting her home. The woman said, “The trained nurses and staff of Doctor’s Hospice knew just how to take care of dad, so that we could cherish the time we had left with him. I’m so grateful for Doctor’s Hospice” (DoctorsHospiceLA, 2011). The commercial ended with her relieved expression and a hug between the woman and female careworker.

The above was a typical salvation commercial. It started with anxiety, sorrow, and guilt, from which the hospice worker provided relief. Another typical option was to emphasize that the hospice was a difficult choice to make, but that the choice was a rescue or a source of comfort. The help provided was not only physical but also emotional. All in all, this category included the most direct references to choosing. For example, a husband described his experience in Arkansas Hospice (2017) as follows: “I felt completely lost, until we chose Arkansas Hospice.”

These commercials promised a sense of control – both to family members and patients. The commercials expressed concern about family members’ emotions and offered solutions for their feelings of inadequacy and guilt when dealing with care work. Thus, the family members were both the targets and producers of affective meanings.

Although the main emphasis was on family caregivers and their relief, this type of commercial also focused on patients’ experiences. For example, one patient described the hospice as a good option for those who did not know what to do (King, 2015), and another described not wanting to become a burden and getting help for herself in a way that allowed her to be herself (KidGlov, 2013). All patient experiences had elements of salvation in them because they were talking about how the hospice made their life easier. The salvation commercials promised to ease people’s situations by saving them from uncertainty and providing them with a possibility to control the situation.

Hospice as a life enabler

The second major theme ($n = 28$) was how hospices enabled the creation of new memories and living life fully until the end. These stories avoided negative feelings and the corporeality of dying. Instead, they overflowed with such words as happy, joy, laughter, smile, enjoyable, and fantastic. Lovejoy Hospice’s commercial, for example, demonstrated the hospice’s capability to empower people: “So we arranged a Skype call to her children on the East Coast so they could see each other’s faces and reconnect and reminisce. They all came away from the call with joy, comfort, peace and love” (Paradux Media Group, 2017).

Enabler commercials avoided connotations of institutionalization; filming took place at people’s homes or in nature; and, these commercials often advertised home care options. Enabler themes typically communicated empowerment in statements such as: “They allowed me to go from caregiver back to being my mom’s daughter again” (Alphin, 2012). These commercials often invited family members to talk about their experiences, or used voiceover that addressed families directly: “We work with you to help give your loved one the quality care and attention they deserve” (Kennedy, 2016). Using family values and a sense of intimacy created positive connotations.

Additionally, enabler commercials capitalized on memories. For example, Hospice Care of the West introduced a daughter who recalled her mother’s career as a pilot during the Second World War. Pictures of the mother as a young woman filled the screen while the daughter talked about how the hospice helped their family to find joy in the midst of saying goodbye. For her, their choice of hospice was a gift to the mother and to the family: “It was the most wonderful, sweetest two hours sitting in the sun, letting mum tell stories” (Gianukos, 2012). The frequent use of photographs visualized cherished memories. These commercials utilized pictures of young people from past decades and captured their life stories into moments of joy and happiness, such as wedding pictures or shots from Christmas mornings.

Enabler commercials supported a positive approach by representing smiling, well and active people, both patients, and family members. Even hospice patients appeared to be well and in good shape; they took walks and played with their grandchildren. For example, in Greensboro’s commercial, grandparents were spending time with their grandchildren. The grandchildren represented the continuation of life and the hospice announced how their focus was on living and how their aim was enabling you to live more fully

(Anorocagency, 2013). This solution created positive connotations for aging and end of life and pictured hospices as empowering care. Even the rhetorical choices emphasized activity, because the most common words were verbs, including live, choose, give, help, and want. For example, in Tennessee Quality Homecare's hospice is about living commercial a patient states, "That I may get up and go wherever I want to go, and just live a little" (Lancaster, 2009). Thus, enabler stories promised pleasant end of life experiences by distancing death and displacing the fragility of the body with living, active people.

Hospice care as a service

The third theme ($n=25$) was how hospice care is a service. Service commercials emphasized information and appealed to rational evaluation. They explained what kinds of amenities each hospice offered. For example, one filmed various spaces within the hospice to give an understanding of what the facility looks like. It also illustrated different care practices: a woman wore a nasal cannula; and a nurse adjusted medication and fluffed the pillows for a smiling patient. The voiceover speaker promised to provide "professional care in a warm family-like setting for ... patients and families" (Karen Ann Quinlan Hospice, 2015).

In service commercials, institutional connotations were important. Hospices served as filming locations, and commercials included scenes from hospice work. The speakers represented authority and professionalism; they were either representatives of the hospice or well-informed voiceover actors. Speakers used health-care-related words such as provide, programs, benefits, management, and equipment. Service commercials focused on the institutional and physical aspects of dying in a hospice, such as life-threatening illnesses, symptom management, physical care, and professional staff including social workers, physicians, and counselors.

Key ideas were good care, empathetic and professional staff, and the role of the patient (these commercials made the most patient references). Their description of services sometimes included direct references to death, dying, and sickness. For example, one voiceover opened, "Thinking about the death of the loved one is difficult, but it's vital that we have frank discussions about end-of-life care." The commercial continued to describe the hospice's services and ended with a suggestion: "Discuss it with your family; you will be thankful you did" (Catskill Area

Hospice, 2009). Thus, even the suggested rational evaluation remained connected to the emotional appeal of good care.

Hospice care as ideology

The fourth theme ($n=23$) was on hospice ideology and central values. Butte Hospice's commercial "Hospice is dignity" was a typical example. In the commercial, Doctor Brown sat in front of the camera. Although being a physician, he did not focus on medical or physical care, but on values of hospice care:

Our goal in hospice is to maintain patient's dignity and support the family. We do this by respecting the patient's wishes, his [sic] believe system, his [sic] values. We do this by providing compassionate, supportive care and finally we communicate the importance the patient's life has had for his (sic) his loved ones and his [sic] family.

The commercials ended with a branding phrase "Hope, Love, Dignity, It must be hospice" (SkycrestMedia, 2010). These kinds of branding statements are typical for ideology commercials.

The ideology commercials conceptualized values of care that are important to hospices. The most used words after hospice were life/live, care, love, home, comfort, dignity, support, help, family, and compassion, which all are value-laden expressions that do not focus on curing the patients but on providing quality of life for the patients and their families.

Many of these commercials brought forward spiritual aspects of hospice care, thus connecting care values to religious values. For example, the Altus Hospice stated that the hospice was a concept of caring, and also stated that their "job is a sacred one, one which we view as a privilege" (Swagger Film, 2013). Similarly, a staff member of a Jewish hospice stated that hospice care meant dignity, compassion, and support and that their faith-based work would also take care of the religious needs that become important to many before their death (wilfcampus, 2014). These commercials drew an analogy between hospices and the spiritual and emotional well-being of the patients.

This category echoed the hospice movement's grassroots tendency to include all involved groups into the images – the staff, the patients and the family members. Yet, the speakers were mostly staff members or narrators who explained the hospices' values and care ideologies, and most of these commercials took place at the hospices, and a few of them at patients' homes. Additionally, a few family members explained

their understanding of hospice values. The common theme was self-defining what hospices signify to different people.

These commercials typically used headshots focusing on one person. The characters talked directly to the camera and sought a connection with the viewer. Nodding and hand gestures supported a sense of mutual understanding. For example, in the *Hospice of the Foothills*' commercial, a member of the hospice team looked directly at the camera and described how they offered physical, spiritual, and emotional care for those at the end of their lives and for their family members [Nevada County Digital Media Center (NCTV), 2016]. By focusing on faces and expressions the commercials aimed to convince the viewers of importance of hospice care, but also to share experiences. For example, a member of the Oklahoma hospice staff talked about how she felt about the loss of her patients: "Sometimes it is really rough, sometimes it is not as bad, but I get through it by knowing that I helped them through the toughest part of their life. See, you have made me cry" (lifecareOK, 2012). Delicate tears shown in the commercial evidenced the authenticity and intimacy of her work. The ideology commercials sought connection with viewers at the level of values in a way that would communicate the emotional and psychological support at hospice.

Discussion

Hospice commercials have a challenging starting point. Death and dying are not the easiest topics of discussion, and when hospice commercials come up in television flow, audiences might be unprepared to encounter them. Yet, at least some of the American hospice care providers use mass and social media to inform audiences about their services and aim to make a positive emotional appeal to reach potential customers. This content analysis of 105 American hospice commercials reveals that advertising campaigns have found various ways to overcome the cultural challenges related to commercialization of death.

When publishing their commercials on YouTube, hospices avoided direct connections to the commercialization of their services and emphasized their identity as part of a movement providing information and education on end-of-life choices. In comparison, marketing companies published the commercials as part of their public portfolios, and consequently, categories related to production became relevant. These choices show how marketing companies are more comfortable with commercialization of hospice care whereas

hospice care providers have a complex relationship with the topic. Hospice providers need commercials to attract customers, but at the same time, they desire to appear in altruistic and educational light.

Where hospice commercials aimed to represent what a hospice is, taking a critical look at such representations becomes crucial, as they contain value-laden choices. These representations reflected the assumed target market and communicated assumptions about race and gender. The commercials' tendency to highlight women's role as caregivers demonstrated the prevailing feminization of care work. Hospice care is affective labor by definition because it focuses on non-material labor that goes beyond physical and medical care, and includes such elements as listening and comforting. Affective labor remains gendered even when both men and women carry it out (Oksala, 2016). In the hospice commercials, women made up a clear majority in staff and volunteers, but also in families, women made sure that their loved ones got good care. Although the data is small, it is interesting to note that the only category where men were a majority was that of patients. In comparison, statistics show that women make up the majority of hospice care receivers (58.7%) (NHPCO Facts & Figures, 2017). This contradiction reflects cultural attitudes toward care and affective labor.

Additionally, the commercials had a racialized tendency. Most commercials focused on white people, and this practice seems to relate to the statistical data on hospice care in the US. Most hospice patients are white (86.5% in 2016), whereas African Americans (8.3%), Latinos (2.1%), and Asians (1.2%) form marginal groups (NHPCO Facts & Figures, 2017). When I compared these numbers to the demographics where white people represent 76.9% of the total population (United States Census Bureau, 2017), I noticed that hospice services are better available to and used by white people. The racialization of the services is an intersectional challenge because white people tend to have a better financial status, more access to health insurance, and more information about available services (Kyusuk, Augustin, & Esparza, 2017). Thus, they form an important target market for the commercials. The downside is that this targeting leads to marketing practices offering the white majority ideals of good death. Hospice advertising may benefit from paying attention to its gendered and racial representations in order to include a wider population.

These hospice commercials effectively used positive expressions. By using the language of positive emotions, such as care, life, help, home, family, and love,

advertisers sought to transfer these emotions to the context of hospice care. This transference of affective meanings where emotional and embodied associations transform communicated effect on other things, including products and services, is part of emotional capitalism (Ahmed, 2010; Illouz, 2018). Emotional capitalism describes a culture where emotional and financial discourses and practices enable, influence, and define each other, and where emotions influence our actions (Illouz, 2018). By using positive language and affectionate images from care work, and by focusing on aspects of living (instead of dying), hospices show that a hospice is more than a place to die. Thus, the advertising aimed to negate cultural anxieties about dying and hospices.

The positive interpretation possibilities were visible also in different thematic categories of the commercials. In particular, salvation commercials turned the sensitive issues of dying, loss, and mourning into solutions for end-of-life challenges. In these commercials, even the negative emotions were important, and storylines compared two strong emotions – fear and happiness. Fear comes from a threatening future and encourages action (Massumi, 2010). Consequently, anxiety about being unable to provide good care encourages people to seek help. The happy ending that professional hospice care provides, as represented in these commercials, functioned as an answer to this quest. In these commercials, hospice care promised happiness.

In comparison, enabling commercials underlined positive connotations. These commercials pictured dying people as they hoped to be remembered – active and lively – which is typical practice for memorial pictures (Walter, 2015). This practice also follows the notion that the audience will be more receptive if the death-related content is sensitive and focuses on life rather than death (Altena, 2009). Emphasizing good memories also relates to emotional intimacy. The close-up interviews with patients' families mediated emotional connections where shared expressions created awareness of others' experiences. This type of framing hid the negativity of death and foregrounded care, help, and hope.

Service commercials resembled the marketing strategy that follows problem-solving logic: the potential customer has a need or a problem, and the provider offers a way to solve it (Hansen & Christensen, 2007). Whereas most hospice commercials built their cases on emotional appeal, service-focused advertising took a more traditional approach inviting potential customers to rationally evaluate their solution and make an

informed decision. These commercials described what the care would include and look like. The service commercials were also particularly important in making hospice care better known. All of the hospice commercials participated in this task, but the service commercials literally opened the hospice's doors and spelled out what people could expect from these environments. The educational aspect responds to two recognized cultural barriers – the lack of knowledge about hospice care and anxieties about commercializing dying. The educational tone of the commercials helped to inform audiences and to justify the marketing campaigns because the public is more open to death advertisement when it has socially relevant and educational purposes (Harper, 2009). Thus, when hospice marketing appears as part of raising awareness of available forms of care, the strategy of utilizing mass media and social media becomes more acceptable.

Another set of commercials was ideology commercials that explained the general goals and shared values of the hospice movement. These commercials preferred testimonials, an increasingly important part of reality television and social media. Testimonials create a sense of authenticity and fit well with the ideas of grassroots activism and the importance of personal experience of a hospice. By allowing staff, volunteers, patients, and their families to describe their gratitude for care and hospice values, these commercials used a publicly accepted and popular hospice marketing strategy (Matthews et al., 2017). Thus, testimonials aimed to both affirm and emotionally inform the viewers.

Overall, the salvation commercials promised emotional relief, enabler commercials provided joyful memories, service commercials concentrated on excellent care, and ideology stories displayed such values as dignity, comfort, compassion, and support. In their own ways, all commercials promised positive experiences at the end of life. Consequently, the hospice commercials essentially promised a good death, a central concept within the hospice movement (Clark & Seymour, 1999). The most common attributes of a good death are allowing room for personal desires, aiming for a pain-free experience, and highlighting emotional well-being (Meier et al., 2016). Good death as a concept and practice connect to the hospice movement's argument that medical care is not enough on its own; end-of-life care should also look after the psychological, spiritual, and emotional needs of dying people and their families (Steinhauser & Tulsky, 2013). In many ways, good death sets a goal for hospice care that promises quality of life, personalized

care, and preparation for death at the end of life. However, good death remains a vague concept. For example, sometimes the usual list of issues contributing to a good death can appear normative and conflict with the personal desires of dying people and their families (Sandman, 2005). The mere phrase good death promises to turn something negative into the best possible form of life event.

The hospice commercials in this study brought forward different dimensions of a good death in a hospice setting. The salvation commercials directed attention towards the emotional well-being of both patients and their families. The life enabler commercials portrayed hospice care as a possibility of life completion and preparation for death. The service commercials emphasized quality of health care and care environments. The ideology commercials emphasized meaningful social, psychological, emotional, and spiritual experiences at the end of life. All of the above are important aspects of a good death (Steinhauser & Tulsky, 2013), which these hospice commercials represented as the reward for choosing the hospice service provider.

Although this study presents some interesting findings of hospice advertising and the commercialization of end of life care, the findings are also limited. YouTube data shows that people rarely seek out hospice commercials. On average, YouTube videos have 2354–9816 views depending on publication category (Marshall, 2015), showing that these hospice commercials remain in the margins of social media. Thus, despite their best efforts, the hospices struggle for visibility. Furthermore, the findings of this study are limited to television and social media advertising, which is only part of hospice marketing. Also, this study included only 30-s commercials, and some hospices have published also longer commercial formats on their websites. These commercials have more room for discussion, and this study can only suggest possible similarities in themes and content of various hospice commercials. Finally, the chosen method of content analysis focuses attention on representations, whereas other important aspects of audiovisual material, such as style, editing, or audience reception, could have raised a different set of results. Thus, further research needs to clarify other aspects of marketing practices and advertising content in order to have a more comprehensive discussion of hospice marketing strategies and goals as well as their cultural implications.

This study shows that hospice marketing utilizes strategies familiar with emotional capitalism. All commercials recognized the emotional potential of the

topic and tried to use it in a non-confrontational way. The key point of the commercials was to redirect possible negative emotional connotations related to death and dying into positive connotations of hospice care. Thus, instead of marketing dying, they sought to promote hospices as offering help and life-affirming experiences. Through their positive attitude, hospices wanted to increase positive connotations to their work and to dying. In this way, they wanted to represent hospices as places that are more than institutions for death, but they are places to make both living and dying meaningful experiences.

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