

ITLP

Common humanity and compassion training for physiotherapy students: Breaking new ground?

C. Papaleo¹, D. Ling² & A. L. Lee^{1, 2}

Keywords: healthcare; physiotherapy; education; empathy; compassion; common humanity

Introduction

Compassion and empathy are essential qualities of healthcare professionals, including physiotherapists. Those demonstrating compassion have concern and a genuine willingness to try and relieve another's suffering (Jinpa, 2016). Empathy involves sharing feelings with others and understanding their perspective (Singer & Klimecki, 2014). While compassion can be trained, its foundation is built on understanding common humanity. Common humanity refers to the shared qualities, vulnerabilities and interconnectedness of all human beings (Ling et al., 2020). In healthcare, common humanity emphasises the appreciation of the human aspect of both patients and clinicians. It recognises that patients are individuals with unique stories, emotions and values. It encourages healthcare professionals to recognise that everyone wishes for happiness and to avoid suffering. By recognising common humanity, healthcare professionals can create prosocial connections and establish trusting, compassionate, empathetic and collaborative relationships with patients.

While previous research illustrated that viewing common humanity scenarios improves compassion amongst qualified and registered healthcare professionals (Ling et al., 2020), this approach has not been applied to physiotherapy students prior to their entry into the workforce. This paper describes a common humanity and compassion training session delivered within physiotherapy curricula at a single university and its impact on students' levels of compassion.

Innovation

This interactive common humanity and compassion training session covered concepts such as compassion, empathy, empathic distress and burnout, emphasising the distinction

¹ Department of Physiotherapy, School of Primary and Allied Health Care, Monash University, 47–49 Moorooduc Hwy, Frankston 3199, VIC, Australia

² Department of Social Work, School of Primary and Allied Health Care, Monash University, Caulfield East 3145, VIC, Australia

³ Institute for Breathing and Sleep, Austin Health, 145 Studley Road, Heidelberg 3184, VIC, Australia

Correspondence: Annemarie Lee Annemarie.Lee@monash.edu

between these concepts and their application within healthcare. Various scenarios illustrating common humanity, including the public domain videos “All That We Share” and “All That We Share: Connected” (Danish Television advertisements) and “Empathy: The Human Connection to Patient Care” (Cleveland Clinic) and interactive discussions of experiences and insights from recent clinical experiences, were incorporated. Following video viewing, students were encouraged to discuss what resonated with them with fellow participants. In small groups, they were also asked to identify clinical scenarios where they demonstrated empathic distress and compassion and consider what is the ideal compassionate response. The content was derived and adapted from a common humanity and compassion training program previously applied to qualified medical, nursing and allied health professionals (Ling et al., 2020).

The training session (90 minutes) was offered to cohorts of undergraduate and graduate-entry physiotherapy students enrolled in either the Bachelor or Doctor of Physiotherapy programs between February and July 2021 and 2023. Students were invited to participate voluntarily in the evaluation phase, with Monash University Human Research Ethics Committee approval (reference: 28270).

Evaluation

Of the 278 physiotherapy students who attended the sessions, 35 students (71% female; 16% response rate) completed an electronic survey (Qualtrics XM) pre- (up to one day prior) and post-training (immediately following). The survey included the Short Compassionate Love Scale for Humanity (Chiesi et al., 2020), assessing compassion, altruistic love, selfless caring and motivation to help humanity through nine items, each with a 7-point Likert scale. In addition, the post-survey evaluated the teaching materials (e.g., videos, clinical discussions) considered most valued, useful and important, using Likert scales. Wilcoxon signed-rank tests analysed changes in compassion ratings pre- and post-training for individual survey questions. Significant improvements in compassion were evident for most items (Questions 1 to 4 and 6 to 9, Table 1). Participants rated that it was at least useful to understand differences between compassion, empathy and empathic distress; that it was very important to view material on common humanity; and that the common humanity videos together with clinical placement discussions were easiest to relate to.

Table 1

Pre-Post Evaluation of the Short Compassionate Love Scale for Humanity

Item	Pre Versus Post Scores	<i>p</i> -value *
When I hear about someone (a stranger) going through a difficult time, I feel a great deal of compassion for him or her [<i>sic</i>].	4 (3–5) vs 6 (5–7)	< 0.001
It is easy for me to feel the pain (and joy) experienced by others, even though I do not know them.	5 (4–6) vs 6 (5–6)	< 0.001

Item	Pre Versus Post Scores	p-value *
If I encounter a stranger who needs help, I would do almost anything I could to help him or her [<i>sic</i>].	4 (2-5) vs 6 (6-7)	< 0.001
I feel considerable compassionate love for people from everywhere.	4 (3-5) vs 5 (5-6)	< 0.001
I tend to feel compassion for people even though I do not know them.	5 (3-5) vs 6 (6-7)	0.118
One of the activities that provides me with the most meaning to my life is helping others in the world who need help.	5 (3-6) vs 6 (6-7)	< 0.001
I often have tender feelings towards people (strangers) when they seem to be in need.	5 (3-6) vs 6 (6-7)	< 0.001
I feel a selfless caring for most of mankind [<i>sic</i>].	4 (4-5) vs 5 (5-6)	< 0.001
If a person (a stranger) is troubled, I usually feel extreme tenderness and caring.	5 (4-6) vs 6 (6-7)	< 0.001

*Wilcoxon signed-rank sum; data are median (IQR)

Lessons learned

We note the low response rate (potentially due to absence of student engagement in the survey design, limited time available for completion and few reminders), which limits validity. Despite this, this preliminary study suggests that a training session focusing on exposure to and emphasis on common humanity can prompt an increase in compassionate attitudes amongst physiotherapy students. This training could offer the potential to enhance participants' connection to patients, with the possibility of a positive shift in altruistic behaviour in clinical care. These findings align with the elevated feelings of compassion amongst qualified healthcare professionals (n = 75) (none of whom were physiotherapists) who had undertaken equivalent training (Ling et al., 2020). Options to improve response rate include personalised invitations, regular reminders and detail as to how their response will inform future physiotherapy curriculum on this topic, which may be to their benefit as well as future students.

The students who completed the survey perceived the training as useful and reported that they valued the teaching materials, which consisted of interactive discussions and video materials showcasing common humanity scenarios. This provides guidance as to an educational curriculum that might most resonate with physiotherapy students and could be considered for inclusion in future evaluation.

What next?

These preliminary results support the role of a broader evaluation of this training model, using mixed methods and focus groups, to gain an in-depth understanding of the impact on a larger group of students. This would be ideal to explore both immediately following the training as well as during clinical placements (scheduled later in the physiotherapy

curriculum) to identify barriers and enablers to implementing compassion and common humanity principles and to gain insight into the longevity of training impacts. In addition, the potential role of refresher sessions through the clinical training years to assist students struggling with burnout or empathic distress that is attributed to placement experiences could further inform the optimal timing for this material or how the concepts may be further embedded within a physiotherapy curriculum to maximise benefit. This would assist in determining whether a single 90-minute training session is as beneficial as repeated sessions.

Acknowledgements

The authors wish to thank the physiotherapy students for participating in this study.

Conflicts of interest and funding

The authors have no conflicts of interest to declare. This work did not receive any funding.

References

- Jinpa T. (2016). *A fearless heart: How the courage to be compassionate can transform our lives*. Hudson Street Press.
- Singer, T., & Klimecki, O. M. (2014). Empathy and compassion. *Current Biology*, 24(18), R875–R878. <https://doi.org/10.1016/j.cub.2014.06.054>
- Ling, D., Olver, J., & Petrakis, M. (2020). Investigating how viewing common humanity scenarios impacts compassion: A novel approach. *The British Journal of Social Work*, 50(6), 1724–1742. <https://doi.org/doi:10.1093/bjsw/bcz124>
- Chiesi, F., Lau, C., & Saklofske, D. H. (2020). A revised short version of the compassionate love scale for humanity (CLS-H-SF): Evidence from item response theory analyses and validity testing. *BMC Psychology*, 8, Article 20. <https://doi.org/10.1186/s40359-020-0386-9>

Articles published in *Focus on Health Professional Education (FoHPE)* are available under Creative Commons Attribution Non-Commercial No Derivatives Licence ([CC BY-NC-ND 4.0](https://creativecommons.org/licenses/by-nc-nd/4.0/)).

On acceptance for publication in *FoHPE*, the copyright of the manuscript is signed over to ANZAHPE, the publisher of *FoHPE*.