Original article

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Compassion for others as perceived by medical and non-medical students: a content analysis

Abstract

Background: For adequate help and a compassionate attitude towards the suffering of others, the ability to properly define and understand this category seems essential. This study aims to analyse how compassion is understood by medical and non-medical students, as well as analyse how students from both groups understand compassion for others, what characteristics they believe a compassionate person or a compassion seeker possesses, and what factors hinder the adoption of a compassionate attitude in a relationship with a suffering person.

Participants and methods: A qualitative study analyzing the content of oral and written statements of 274 students of the second year of medical studies, the first and second year of a second-cycle program in pedagogy, the first year of a uniform master's degree program in special education and courses preparing for the teaching profession.

Results: Students equate compassion with understanding of the other. For medical students, compassion is associated with pity and self-pity, and to a lesser extent with empathy. For non-medical students, compassion is a form of empathy, although it is also identified with pity. The characteristics of compassionate people include kindness, the ability to listen and be present, as well as showing care and warmth, but also it is a fear of criticism. Compassion-seekers are weak, in difficult life situations or aware of their difficulties. Fear of being judged and suspected of being unprofessional (medical students) and fear of overinvolvement (non-medical students).

Conclusions: Students understand compassion for others in varied ways, often as pity or lack of professionalism, which is inconsistent with the definition of the issue. In addition to misunderstood compassion, fear of judgement and criticism and the lack of adequate models of skilful compassionate care hinder the adoption of the attitude. The results of the study indicate the need to integrate the issue of compassion into pre-graduate education to a greater extent than hitherto.

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Keywords: compassion, medical students, pedagogy students, special education students and teacher education program students, content analysis, qualitative research

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Introduction

The English-language literature has long addressed the issue of compassion, understood as a "concerned response to another's suffering combined with a desire to alleviate that suffering" [1]. Compassion for others is treated as experiencing kindness, a sense of common humanity, mindfulness, and lessened indifference towards the suffering of others. This attitude is analysed based on four subcomponents: increased kindness, common humanity, mindfulness, and lessened indifference [2]. Compassion is an attitude of emotional response to the suffering of others, an attempt to cognitively understand a situation, the ability to notice the suffering experienced, and the ability to be more focused on the suffering or distress of the other [3].

In Polish, "*współ-czucie*" means "co-feeling, feeling together" — so it refers to togetherness and mutual support rather than remaining in solitude and isolation" and involves mutual concern [4]. To feel compassion for someone also means "to feel sorry for something bad that has happened to another person" [5]. Therefore, this concept refers not only to a situation of immense suffering or existential doubt but to any situation causing worry or concern to another person; compassion does not only refer to a situation involving gentleness but also to a situation involving at times firmness and constructive criticism [4]. This is important because it means that compassion can be practised in any situation in a relationship with another person who assesses the situation being experienced as subjectively difficult, stressful, or requiring support.

The results of the research conducted so far point to several benefits of receiving and showing compassion towards others. For recipients of compassion, it is a factor in reducing symptoms of anxiety and fear, resulting in increased quality of life and psychological and emotional well-being [6]. Compassion also has its benefits in terms of the life of those showing it by improving their well-being and willingness to do their job, as well as by increasing their sense of job satisfaction and enjoyment [7].

How compassion is defined and understood can be critical to the motivation for compassionate behaviour. Negative beliefs about compassion, for example, compassion perceived as an expression of weakness, self-indulgence and/or indulgence of others, or compassion perceived as undeserved, may generate fear of and reluctance to show compassion, or active avoidance of social signals of warmth, kindness, concern, encouragement, and support [8, 9]. Hence, previous experience and knowledge of compassion are important aspects of developing compassion in oneself. Nevertheless, behavioural patterns that have been developed in the family home are also important. If parents were able to show love and care and were compassionate about experienced difficulties, we are willing to emulate these attitudes. Gilbert calls this an intergenerational flow of love — a pattern of behaviour in the family that is transferred into one's own life and relationships with others [9]. Similarly, knowledge and understanding of the impact of the human condition on emotional states and well-being, as well as knowledge of experienced ailments and events enable greater readiness for compassionate behaviour and attitudes. Also, knowledge of compassion and its benefits for others may be crucial for the adoption of compassionate attitudes by professional helpers or in ordinary everyday relationships [10].

Previous analyses of the Polish situation focus on self-compassion [1–13] or, to a lesser extent, on compassion for others in healthcare [14], or in the context of COVID-19 [15]. In contrast, there is no research relating to how helpers define compassion and to those factors that determine the perception of compassion in the helper–client/patient relationship.

Participants and methods

Methods

This study aims to analyse and describe how compassion as a phenomenon and compassion for others is understood and defined by medical students and non-medical students such as pedagogy students, special education students and teacher education program students. This study also aims to analyse what characteristics, according to participants, a compassionate person and a compassion seeker possess, and what factors hinder the adoption of a compassionate attitude in a relationship with a suffering person.

The following research questions were posed:

- How do medical students and students of non-medical fields of study — pedagogy and teacher education — understand the term "compassion for others"?
- What are the characteristics, according to the students, of a person who adopts a compassionate attitude towards another person?
- What are the characteristics, according to the students, of a person seeking/expecting compassion?
- What hinders the adoption of a compassionate attitude towards another person?

Following the methodology of qualitative research, the study was conducted in stages (Table 1) [16].

A content analysis of the available material was used to describe and identify the data obtained.

Table 1. Stages of a qualitative study using content analysis

1.	Compassion as found in the existing literature
2.	Research questions
3.	Description of method and categories (theoretical codes)
4.	Content analysis of participants' statements in terms of expressions/phrases relevant to the codes: "reading data and assigning codes to different passages"
5.	Assignment of content into specific categories
6.	Research conclusions and limitations
7.	Discussion of results

Table 2. Questions posed to medical students and non-medical students

No.	Questions
1	Drawing on your experience, try to answer the question: What does compassion mean?
2	When do you think compassion for others is shown?
3	What, in your opinion, are/should be the characteristics of a compassionate person who is a professional helper?
4	What are the characteristics of a person who seeks/expects compassion from others?
5	What do you think prevents you from being compassionate to others?

Table 3. Characteristics of participants

<table>
<tr><th rowspan="2"></th><th rowspan="2">Group</th><th rowspan="2">Field of study</th><th rowspan="2">Number of participants</th><th rowspan="2">Year of study</th><th colspan="2">Sex</th><th rowspan="2">Number of participants</th></tr>
<tr><th>F</th><th>M</th></tr>
<tr><td rowspan="5">Field of study</td><td>Medical</td><td>Medicine</td><td>189</td><td>Second</td><td>122</td><td>67</td><td>189</td></tr>
<tr><td rowspan="3">Non-medical</td><td>Pedagogy</td><td>43</td><td>First and second-year, second-cycle studies</td><td>40</td><td>3</td><td rowspan="3">85</td></tr>
<tr><td>Special education</td><td>27</td><td>First-year, long-cycle Master's degree studies</td><td>26</td><td>1</td></tr>
<tr><td>Teacher education programs</td><td>15</td><td>First-year, first-cycle studies</td><td>14</td><td>1</td></tr>
<tr><td colspan="6">Total number of participants from both groups:</td><td>274</td></tr>
</table>

F — females; M — males

According to the methodology of sciences, "content analysis is the study of text messages, both written […] and oral. The analysis aims to reduce the content of the whole text to its most important meanings: most common words, key themes, predominant grammatical and semantic forms" [17]. In some studies, this technique is called an implicit analysis, which involves "analysing what has been written or said" [18]. The analysis of the most common utterances makes it possible to determine what is most important and how this is defined by subjects. Categories were established to properly analyse the raw material, which at a later stage of the material analysis allowed the identification of statements. The categories adopted were:
- compassion as a phenomenon,
- compassion for others,
- characteristics of a compassionate person,
- characteristics of a person who seeks and expects compassion,
- factors hindering compassion.

After categorisation was established, the resulting material was searched for content, phrases and words which were then coded and assigned to specific categories. Having known the research categories, the questions that were posed to the participants were established (Table 2).

Participants

The participants of the study were students from two groups: medical students and non-medical students: pedagogy students, special education students and students of teacher education programs, who participated in classes on compassion or "soft" skills in a relationship with a suffering person. The study was conducted between 2018 and 2023. Eight groups of medical students and four groups of non-medical students took part in the classes. A total of 274 students took part in the study. There were more women in the study group. Medical students were in their second year of study, while non-medical students were in their first and second years of study. Table 3 shows the data of the participants, including their number, sex, age, and field of study.

The medical students participated in discussions during the classes. They were first asked to work in small groups to talk among themselves, and then

a general discussion on the questions posed earlier was undertaken in the group (Table 2). Non-medical students were asked to write down their answers to questions about compassion during the classes. Ethical Committee of the Faculty of Philosophy and Social Sciences at Nicolaus Copernicus University in Torun approval (26/2023/FT) for the study was obtained.

Results

The analysis and coding of obtained material allowed the preparation of adequately adapted categories among medical and non-medical students.

Compassion as a phenomenon and compassion for others

The questions posed in the section were as follows:
- Drawing on your experience, try to answer the question: What does compassion mean?
- When do you think compassion for others is shown?

Medical students equate compassion with trying to understand another person and their situation. In this group, a significant proportion of participants also stated that compassion is the same as pity or feeling sorry for others. Medical students tend to describe compassion as an attitude that no one expects and that they equate with weakness. Some students also equate compassion with empathy. Showing compassion is identified by the participants with the ability to understand the other person and their experiences, and with the ability to listen and take the time. For them, it is also the ability to be present with someone who is experiencing a difficult situation. This is evidenced by the following exemplary statements:
- "Compassion is nothing but pity. I wouldn't want someone to treat me like that, with pity".
- "To feel compassion for someone is to wear their shoes, and understand what they are experiencing".
- "It's being empathetic towards someone".
- "In Poland, compassion is not something positive and is badly perceived by people towards whom we would like to be like that".
- "In my opinion, nobody wants compassion from us".
- "This means lending an ear to someone".
- "Compassion can also be felt when someone is happy, not only when someone is suffering".
- "It's being with someone who is crying".

There is a predominant identification of compassion with an empathetic attitude towards the other among students of pedagogy, special education, and teacher education programs. Students emphasise that compassion is the kind of attitude that makes it possible to understand another person and help them. They highlight that compassion is an attitude of selflessness, forbearance, and presence with the other person. Some students — as in the first group — equate compassion with pity. For some of the participants, compassion is an attitude that is synonymous with feeling sorry for others but also means care and support in a crisis. Compassion is expressed, in their opinion, by a desire to improve the situation of a suffering person and help someone selflessly. It is also the ability to be sensitive to the misfortune of another person. This is confirmed by the following statements:
- "Compassion means feeling sorry for someone, pity".
- "Compassion is a feeling of empathy, of pity, a feeling of not wanting to wear the other person's shoes".
- "It's wanting to improve a situation".
- "It's selflessness and kindness".
- "Empathy".
- "Sensitivity to harm".
- "It's feeling an emotion, usually sadness, along with the person to whom an unpleasant life situation has happened".
- "It is trying to imagine the hardships, problems and emotions accompanying another person".

Characteristics of a compassionate person

Students were asked a question about the characteristics of people who adopt a compassionate attitude: "What, in your opinion, are/should be the characteristics of a compassionate person who is a professional helper?".

Medical students most often point out that compassionate people can be misperceived by others because their attitude of expressing compassion can be associated with pity shown to another person, which — in their opinion — arouses anger and resentment. The medical students also highlight that sometimes, especially in a professional relationship, being compassionate can be perceived as a weakness and being unprofessional. Some students also point to opposite traits, saying that a compassionate person is a person with a lot of empathy who tries to understand others. However, the predominant view in most of the statements is that a compassionate attitude is not considered a positive and expected characteristic of physicians by patients. In their opinion, a physician's traits should be, above all, professionalism and professional competencies, which is confirmed by the following statements:
- "If I am compassionate towards the patient, they will think immediately that they are getting worse or will die".

— “If I am compassionate, I will not help the patient. I have to focus on what is wrong with the patient”.
— “This is a person who understands others”.
— “If a physician is compassionate, they may be judged as unprofessional and incompetent”.

For non-medical students, a compassionate person is a person who is caring and sensitive to the suffering of others, a person who is well-affected, and willing to understand the other person. In the statements of students in this group, there were no statements that could link compassion with a lack of competence and professionalism. Teacher education program students and pedagogy students rather point to characteristics such as warmth, kindness, patience or understanding of the compassionate person. They also emphasise that a compassionate person has a range of interpersonal skills to be present with a suffering person, try to understand such a person and provide help and support. Individuals in this group — like medical students — equate a compassionate attitude with an attitude of pity and feeling sorry for others, and with relief that it is not them who have suffered this misfortune:

— “Being good-natured and being helpful is about that person’s well-being and warmth”.
— “Experiencing the bad together”.
— “Compassion means being close and being with the person, even in silence”.
— “Compassion is about showing support to a person who is close or not close to you, it’s a feeling that we don’t want to experience that ourselves!”
— “Not necessarily identifying with the other person but respecting their emotions and showing support”.
— “A person who doesn’t tell things that won’t happen is honest”.
— “Cautious — knows that certain situations need to be approached with caution”.
— “Gentle and sensitive to others”.
— “Does not try to understand the emotions of others by force but respects them”.
— “A person who identifies with the other person’s situation”.
— “It is showing understanding in difficult situations, supporting someone, comforting them”

Characteristics of a compassion seeker

The question posed in this part of the study was: “What are the characteristics of a person who seeks/expects compassion from others?”.

When interviewed about the characteristics of a compassion seeker, medical students had trouble defining typical and characteristic features in the behaviour or emotions of such a person. However, they emphasised that compassion seekers are often identified with weak, unhappy people who have failed in life and do not know how to solve their difficulties. Compassion seekers are also, in their opinion, people who are aware of their problems and what they need, although they are also those who are seeking solutions rather than compassion. There was also feedback from participants indicating that for some of them, seeking compassion is a sign of wanting to take advantage of them:

— “Someone who is weak, helpless”.
— “Someone who can’t cope”.
— “It’s someone who wants to take advantage of me”.
— “It’s a person who is ready to talk”.

For non-medical students, as in the first group, those seeking support are people in difficult situations and those who are suffering or unhappy. At the same time, however, they are also people who have some problems and difficulties in their lives. For individual participants, compassion seekers are also people who feel sorry for themselves, do not know how to pull themselves together and who blame their negative experiences on other people, expecting them to solve their problems:

— “A person who feels sorry for themselves and their situation”.
— “A person in a difficult situation”.
— “For example, a person who is ill or dying”.
— “Someone who is looking for help”.

Factors hindering compassion

The question on the factors that the participants think make it difficult to adopt a compassionate attitude towards another person was “What do you think prevents you from being compassionate to others?”.

When asked about the factors that prevent them from adopting a compassionate attitude, medical students singled out several factors. Most of them point to haste and lack of time when doing the work of a physician in their relationship with a patient. Another frequently highlighted issue is the demands of superiors who expect orders to be carried out quickly and results to be obtained. In the opinion of the students, another factor is education, where the physician is expected to make a diagnosis and provide treatment without wasting time on other activities. Students also indicate that sometimes a physician may not know how to be compassionate because no one has shown them before (for example, during their studies or internship) how to do it in a relationship with the patient. Importantly, the fear of compassion and the fear of being judged and criticised for being unprofessional as a physician are

among the facts that were singled out as factors hindering compassion. The students also singled out fatigue and a reluctance to become overly involved in the relationship with the patient or personal life problems as those elements that can decisively reduce the motivation for compassionate behaviour. Some students believe that the physician has a different role, which involves treatment, where there is no room for other behaviours:

- "Certainly, the rush in hospitals makes compassion difficult".
- "Fatigue and excessive tasks to perform".
- "I'm afraid of being laughed at".
- "There is no time for that, you have to take medical history or respond quickly".
- "In hospitals, there is very often no time to have a deeper interaction with the patient, and the physician has 15 minutes for an appointment in outpatient clinics […]".
- "We are afraid to show compassion because we ourselves often don't know what to say and how to react, a given situation makes us embarrassed".
- "We don't want the person to whom we show this compassion to take it the wrong way and think that we are feeling sorry for them".
- "It is not my job to be compassionate. It's my job to heal others".
- "In our studies and internships, no one teaches us how to be compassionate and that it is important".
- "If I had to get involved in every relationship with an ill person, I probably wouldn't be a physician for long".

Non-medical students tend to indicate a fear of experiencing difficult emotions in relation to the other person's experience in an overly involved way. The reluctance to experience the same state as the person under their care, in their opinion, makes educators or future teachers less likely to be compassionate. As in the first group, the reason is also the fear of criticism or of misunderstanding the intentions of the compassionate person, when the distressed person may perceive compassion as pity or an attitude of feeling sorry for them. According to non-medical students, some people are afraid to be compassionate for fear of showing their own weakness or making the person they intended to help feel worse:

- "We don't want to experience the same feelings as the other person, they are unpleasant for us, and we are afraid of them".
- "Because we are afraid of criticism".
- "So the other person doesn't feel worse".
- "We are afraid to be compassionate for fear of the reaction of the other person, who may perceive it as pity".
- "Sometimes we are afraid to be compassionate because we are afraid that by doing so we will show our weakness and fall into a bad mood ourselves".
- "Not everyone is comfortable with this".
- "We are afraid to show compassion because it may be insufficient, taken frivolously or have the opposite effect to that expected".
- "We are afraid to be compassionate with others for fear of 'not carrying' this burden, we're afraid of showing weakness, lack of understanding and interest".

Summary of the content analysis of the data obtained and the statements of the participants

Defining compassion and compassion for others

Defining compassion is largely dependent on the field of study of the participants. There is a common understanding of compassion among students from both groups as an attitude that helps to understand the other person in their difficulties. In both groups, some students identify compassion as an attitude of pity or feeling sorry for another person. The participants' statements indicate that such opinions predominate among medical students, although incidentally they also occur in the second group of participants. In both groups, compassion for others appears to be equated with empathy for the other person with an attitude of selflessness; however, non-medical students view compassion in this way more often. In terms of forms of showing compassion to others, the students indicate: understanding the other person, being present with them, being able to listen, and taking the time. While compassion for others is most often associated with weakness among medical students, for non-medical students, it is expressed in concern and a desire to support another person and improve their situation.

Characteristics of a compassionate person

Responses to this question are often linked to defining compassion as such. In both groups, there are opinions that a compassionate person may be misunderstood by others and, even if truly shows compassion, be understood as someone who pities or feels sorry for the other person. The predominant view among medical students is that a compassionate attitude can be equated with a lack of professional competencies rather than professionalism. A difference can be seen in the statements of non-medical students, for whom the essential characteristics of compassionate people are warmth, patience and understanding. Nevertheless, students from both groups

indicate that the main characteristics of a compassionate person are empathy and the ability to understand the other person.

Characteristics of a compassion seeker

In terms of the characteristics of a person who seeks or expects compassion, students from both groups see them as people who are in a difficult situation. According to the participants, those are suffering, unhappy people. Some of the medical students emphasise that expecting compassion can be a sign of wanting to take advantage of them. According to non-medical students, however, those who expect compassion are also sometimes people who do not know how to "pull themselves together" and they expect someone to solve the difficulties they find themselves in for them.

Factors hindering compassion

A factor hindering compassion towards another person, which is common to both student groups analysed, is the fear of being judged and criticised. Other factors singled out by the students indicate other elements that hinder the adoption of a compassionate attitude. The reason for this may be the different way in which the material was collected: discussion was held among medical students, while non-medical students wrote down their opinions. Medical students particularly emphasised the rush of work and the lack of an example of how to adopt such a compassionate attitude as factors hindering their compassion. A definite reason for this way of thinking is the belief of the participants in this group that the physician has a different role at work, which is mainly to treat and diagnose patients. There were also statements indicating fear of being accused of unprofessionalism and elements such as occupational burnout or fatigue. Non-medical students indicated a similar factor, describing it as over-involvement in the other person's problems and a fear of experiencing the same feelings as the suffering person. Anxiety about losing emotional balance in looking at another person's situation could be linked to fear of occupational burnout or excessive fatigue. There were also statements from non-medical students that indicated a fear of misunderstanding the compassionate person's intentions by the recipient or perceiving the compassionate attitude adopted as pity rather than a genuine desire to understand and help.

Discussion

The way of defining compassion for another person can affect the behaviour in the professional helper-recipient relationship. A factor that gains importance in this research is the field of study: while non-medical students associate compassion with an empathic attitude marked by full understanding and presence with a suffering person and to a lesser extent perceive compassion as pity or feeling sorry, medical students primarily place pity and feeling sorry as first synonyms with compassion, indicating that — in their opinion — this is how compassion is most commonly understood and defined by society. The source literature also indicates similar analyses where compassion is commonly associated with pity, weakness, and "softness" [19], as well as weakness and submission when showing mercy to another human being [20].

According to this study, some medical students acknowledge that these are empathetic attitudes, but with less frequency compared to non-medical students. This understanding of the category of compassion aligns with existing definitions that are close to the intuition of students from both groups, associating compassion with mindfulness and sensitivity to another person. It is also consistent with the definition of compassion for others, according to which it is sensitivity to suffering and involvement related to the desire to alleviate that suffering [21], an attitude marked by warmth, kindness, and lack of indifference [22]. The ways of showing compassion are similarly described by the students. Showing compassion is associated with showing warmth and care, as well as an attitude of understanding and the ability to listen. Some of the students in the presented study also describe compassion as sensitivity and understanding of the other's suffering, which is in line with analyses by, for example, Lotfi [23], who equates compassion with empathy.

There are interesting data on factors that hinder compassion. According to the students, fear of being misunderstood is among the factors that make it difficult to empathise with others. The students, especially medical students, also report little training and too little knowledge of techniques for showing compassion. The study also indicates a fear of overinvolvement. This is indicated by statements made by non-medical students. Similar factors are pointed out by Lofti: fear of compassion is the fear of negative feelings and situations that we may experience because of compassion and empathy towards ourselves or others [23]. Similar factors that hinder the adoption of a compassionate attitude are indicated by research findings that, while not directly related to aspects of compassion, point to reasons for the difficulty of using soft skills, such as occupational burnout [24], compassion fatigue [25] or a sense of loss after the death of people under care [26].

The fear of compassion marked by the participants in the presented data stems from the fear of being negatively accused of unprofessionalism or the fear of being perceived as weak. According to Nancy Eisenberg, "negative emotions can hinder compassion" [27]. Therefore, it can be assumed that the fear of being judged or criticised is the factor that also hinders being compassionate. The source literature highlights the cultural context of adopting a compassionate attitude and showing or expressing it [17] but also highlights demographic factors such as age, experience, or personality [20]. These factors were not taken into account in this study. It is possible that an analysis of the participants' statements by taking these factors into account would have enriched the results obtained. Some of the students' statements also indicated the phenomenon of feeling that compassion seekers adopt this attitude to take advantage of the person showing compassion. On the other hand, as indicated by Kirby et al.'s research, the fear that compassion will be perceived by others as manipulation or as acting for self-interest may also be a factor in avoiding a compassionate attitude [8].

This study is not free of limitations. Perhaps a quantitative survey would have provided a broader picture of the understanding of compassion and would have enabled an exploration of the material obtained from the larger study group to the entire population of students. The majority of study participants were women, which seems obvious given the fields of study that were established in the research. It is possible that conducting a study with a larger proportion of men in both fields of study could have changed the results obtained. Also, the method of data collection among medical students (open discussion, need to disclose one's own opinion to the group) may have resulted in a reluctance to express all opinions among the participants.

Compassion is a pro-social and innate attitude, but it is also one that can be learned. The implication is that every person has within themselves the capacity to show compassionate care towards another person when that person is suffering. Defining and understanding compassion is crucial for shaping and developing this attitude. It also seems that an awareness of the benefits and goodness that a compassionate attitude brings to all recipients of the relationship ultimately becomes a motivation to show kindness, understanding and warmth. "Compassion and kindness will not happen by themselves" [21]. Knowledge of compassion, compassion training and an awareness of its significance to human beings may provide the courage to notice another person and respond to their suffering according to their needs.

Conclusions

The diverse understanding of 'compassion for others' among students, which is often inconsistent with its definition and perceived as a lack of professionalism or pity, may contribute to a reluctance to embrace compassionate care towards suffering. The reason for defining compassion in this way may be a lack of sufficient knowledge on the subject. The remedy for such a situation may be to increase knowledge of compassion for others and its benefits in the physician/pedagogue–patient/recipient relationship. Awareness that a compassionate attitude does not imply a lack of competencies and is very often expected by people under care and patients, and is also recommended in professional standards, might help reduce the fear of adopting such an attitude. In addition to misunderstood compassion, fear of judgement and criticism and the lack of adequate models of skilful compassionate care hinder the adoption of the attitude. Fear of criticism, overinvolvement or occupational burnout clearly make it difficult to embrace compassionate care.

To improve the understanding of compassion among students and reduce the fear of adopting such an attitude towards those in need, it would be beneficial to incorporate the topic of compassion into the curriculum or expand the educational offer as part of professional ethics or other communication-related courses. This would help to change the perception of the issue of compassion for others as an unprofessional or unnecessary attitude and could motivate the adoption of compassionate attitudes towards others.

Article information and declarations

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None.

Data availability statement
The author declares that the research data are in her archive.

Ethics statement
Ethical Committee of the Faculty of Philosophy and Social Sciences at Nicolaus Copernicus University in Torun approval (26/2023/FT) for the study was obtained.

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Supplementary material

None.

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