



Jean Weaver, Asst. Professor  
Physical Therapy, University of Findlay  
Findlay, OH, USA  
Jweaver@findlay.edu

Jean Weaver, PT, MBA, Amanda Pye, PT, DPT, Nikki McCoy, PT, DPT, Joseph Rosi, PT, DPT, Brandon Rosi, PT, DPT, The University of Findlay, Findlay, OH, USA 45840

## CHANGES IN PHYSICAL THERAPIST SOCIAL RESPONSIBILITY AND ALTRUISM DURING INTERNATIONAL PRO BONO EXPERIENCES

### Introduction and Purpose

Physical therapists have been challenged to develop and emulate the American Physical Therapy Association's Core Values during professional practice.<sup>1</sup> These core values include accountability, excellence, altruism, compassion and caring, integrity, professional duty and social responsibility.<sup>1</sup> In fact, there is a Model Physical Therapy Oath for physical therapists incorporating these core values with a statement including all local, national or global communities.<sup>2</sup>

A qualitative study investigating the professional development of the core values and the integration of the core values into physical therapist practice revealed personal values provided the foundation for professional value development.<sup>3</sup> Another

study revealed how a physical therapist viewed the servant-leadership role provided "a powerful philosophical foundation" for the physical therapist's professionalism.<sup>4</sup> Finally, self-assessment of one's professionalism is critical in determining changes in the core value development.<sup>5</sup>

Clinical experiences, as well as academic ones have further shaped professional values.<sup>3</sup> The core values were found to be integrated into physical therapist practice despite practice setting or career accomplishments with integrity, accountability, and compassion and caring being well integrated.<sup>3</sup> Although social responsibility was the core value identified by therapists not integrated into practice.<sup>3</sup> Another study had similar findings with clinicians having identified frequent experiences in compassion and caring, accountability, and integrity; yet, rare experiences with social responsibility and altruism involving pro bono service provision to underserved populations.<sup>6</sup>

Additionally, cultural awareness, sensitivity and competence was considered a critical development for physical therapists in a globally minded world. Lee stated, "the process of developing social responsibility and cultural competence should be seen as a life-long continuum in the physical therapy profession."<sup>7</sup> Lee found physical therapists with at least three international experiences had a moderate positive correlation between social responsibility and cultural competence.<sup>7</sup> It appeared that the more socially responsible a physical therapist was, the more culturally competent he or she became.<sup>7</sup>

Physical therapy literature describes a variety of benefits from international experiences.<sup>8,9,10,11</sup> Physical therapy students have been found to broaden their horizons culturally and have found clinical education experiences to be "life-changing" with professional and personal benefits.<sup>12</sup> In fact, Audette has suggested students should have more opportunities for



international clinical education experiences to develop awareness and understanding of a variety of settings and locations for practice.<sup>12</sup> Pechak stated physical therapy programs with international clinical education felt benefits include the facilitation of the students' cross-cultural competency development, positive student development personally, and a positive effect of the students' global issue awareness.<sup>13</sup> Pechak and Thompson in 2009 had found similar benefits and felt the perceived benefits were consistent with developing the core values of altruism, social responsibility and professional duty.<sup>14</sup> Landry et al also discovered the development of altruism.<sup>15</sup> Sawyer and Lopopolo discovered physical therapy students with international clinical education perceived these experiences to have important and broadening benefits as professionals and individuals for lasting impressions in a global society.<sup>16</sup>

This global society causes physical therapists around the world to have a shared mission improving health and function through practice, education and research.<sup>17</sup> Thus, the purpose of this research study was to answer the question, did a physical therapist's clinical experience in developing countries (either as a student or a licensed practitioner) impact their practice philosophies of improving health and function when they return to the United States? Developing countries are defined according to their Gross National Income (GNI) per capita per year. Countries with a GNI of \$US 11,905 and less are defined as developing.<sup>18</sup> Another question that followed was, did international clinical experiences in developing countries shape social responsibility and altruism of a physical therapist's professional development?

## Methodology

**Participants:** Ohio licensed physical therapists whom had clinical experiences in

developing countries outside the United States, were recruited for the study. These clinical experiences could have occurred while the physical therapists were students in an accredited physical therapy program, or after they were licensed and working as a professional. The Ohio Occupational Therapy, Physical Therapy, and Athletic Trainer Board was contacted and a request was made for an email address listing of Ohio licensed physical therapists. A sample of 500 physical therapists were randomly selected (every 5<sup>th</sup> therapist on the list was selected) and emailed by the researchers asking if the individual had experienced providing clinical services outside the United States in a developing country (Appendix A). If the individual consented to participate in the study, the researchers coordinated informed consent documentation and a phone interview was scheduled with the participant. The interviews over speakerphone with all researchers ceased once data saturation occurred<sup>19</sup> and no new themes emerged from the participant responses<sup>20</sup>. The researchers reviewed all tape-recorded responses independently, determined themes prior to the entire group of researchers meeting to determine a consensus on themes. A theme required at least three participants to have mentioned the concept.

**Instrumentation:** The qualitative study utilized tape-recorded phone interviews of the participants. Interviews began with introductions of the six researchers and participant and then researchers asked eleven open-ended questions regarding the participant experiences (Appendix B). Questions were developed based on a literature review with content validity determined by a health care provider missionary. Each interview lasted 15-30 minutes.

**Analysis:** All participant responses were listened to and recorded on an excel file. The



files were saved on a flash drive for each researcher review and coding of themes. Researchers then reviewed all codes and came to a consensus regarding the final themes, which emerged from the study.

## Results

Seven participants responded to the email request and consented to be interviewed. Data saturation occurred with subject five, as no new concepts or ideas were expressed with subjects six and seven. All seven participants were asked and answered the pre-determined study questions. Of the seven participants, 6 were female and 1 was a male. All physical therapists are currently licensed in the State of Ohio and had been for at least one year. The physical therapists' international clinical experiences had occurred between 1- 30 years from the interview. During their international clinical experiences, one participant was a student during the international travel while six participants were practicing physical therapists. All of the participants were from different practice settings within the physical therapy field including geriatric, pediatric, skilled nursing, orthopedic, and neurological populations. Three of the participants had gone to two different countries. Four participants went to Nicaragua, three participants went to Honduras, one participant went to El Salvador, one participant went to the Dominican Republic, and one participant went to Haiti. Researchers identified five reoccurring themes from the interviews: (a) expressed observation of poverty, (b) unexpected learning experience, (c) impart physical therapist knowledge, (d) appreciation and compassion, and (e) frustration. The only theme not mentioned by all the participants was frustration, which had four participants commenting on the concept.

All seven participants *expressed observation of poverty*, which caused participants to reflect

on the challenges that poverty causes. This theme was evident by one participant stating, "It is a very humbling experience to be in a country where they make do with so little. It forces you to be creative with equipment that you use, because you can't just go to the closet to get equipment to use. It makes you emphasize what is really important, based on their living arrangements, capabilities and needs." Participant 4 shared a case: "There was a baby named Scarlett at an orphanage in the inner city. It is not common to adopt out their orphans. The place was dismal at best- the infant nursery. One of the first kids I saw was in a crib and was having difficulties breathing. This baby would have been just fine in the USA. It was apparent that she was going to die soon, because they were unable to do any treatment, but were able to watch- making it very heartbreaking for everyone. Later we found out the baby was saved."

Another theme recognized was *unexpected learning experience*. The participants had misconceptions of the amount of information that they would pass along to the patients in the underserved society thinking they would teach others and discovered they as participants learned. Participant 2 explained, "I learned a lot more than taught, I got insights to these other countries, insights to their lives, insights to the cultural differences. The health care professionals are extremely dedicated working with minimal to no resources, but they are extremely generous with helping others." Participant 5 who returned to the same underdeveloped country for a second year in a row stated, "I want to encourage any professional to look into working a service project because we think we are helping them, but you don't realize what you really gain from the people there. I remember coming last year and you see how rewarding it is and you cannot understand it until you have experienced it. I recommend that everyone should go on a



mission trip, regardless of the mission, because you just learn so much more than you give." Similar to participant 5, Participant 3 recounted, "I learned that I thought I was going to be the giver and I ended up being the receiver. Every year I try to be the giver but I always come home with more than I left with."

As physical therapists, all seven participants expressed their desires to *impart their physical therapy knowledge* for those countries without physical therapist health professionals so citizens within the country could access services. Participant 4 revealed, "Carrying the skills that I have and the resources I have with people to those who desperately need it. I wanted to give back, whether knowledge, equipment, or the ability to love others". Participant 2 also said, "You have to come up with solutions that work for the individual. Everyone has different resources so we have to keep things simple as well as effective to be useful." Participant 6 stated, "I've been abroad before but never been able to practice physical therapy, so I wanted to do that." Similarly, participant 7 remembered, "Medical mission trip. I thought it was a good idea to use my education to help others that need help and don't quite have the access for the help."

Another emerging theme was a sense of *appreciation and compassion*. Many of the participants recognized the gratitude of the recipients. This was expressed by participant 3, "We live in a world that we do not realize how good we have it. They live with so little, but they have so much. You want what they have. You don't want their circumstances, but the feelings of content that they have. The trip turned out well. The people were incredibly kind, respectful, and they wore their best clothes to come see us." Participant 7 stated, "I

learned how happy they can be and how little they can survive on and be a happy family. Nobody there seemed to complain and they were grateful for everything that we did. It was nice to see their gratitude for what little we provided for them. It was great to see how others function in life, outside of the US and to see how fortunate we are here in the US." Participant 1 recounted, "It has given me a greater compassion for people and trying to understand. As health professionals we want to be compassionate, we want to see things through our patient's eyes. It helped me realize again that people have different experiences and that we need to try to understand their experience, because if we can then they will carry that over to their lives and make it meaningful, and long lasting."

Participant 3 stated, "Having a spiritual component really emphasized not only you are aware how it affects you as a PT, but also a person."

The final emerging theme recognized was *frustration*. Participant 6 remembered, "The relationships you make in Nicaragua are very different than those you can make in America. Americans do not share their feelings as a culture whereas they were very open that we were making a major impact. They were so happy to do any exercises for a year and here patients don't want to do their exercises for a week." Participant 4 stated, "we cannot get patients to follow up with appointments and they were willing to do anything."

In the responses provided above, participants revealed social responsibility, altruism, and compassion and caring, which are three core values of the American Physical Therapy Association.



Table 1. APTA Core Values<sup>1</sup> revealed in participant responses

Altruism	“The primary regard for or devotion to the interest of patients and clients ahead of the physical therapist’s self interest.” Participant 1, “I wanted to go and use medical skills and was overwhelmed by the poverty, I had a sense of wanting to do more than I was personally able.”
Compassion and caring	“Compassion is the desire to identify with or sense something of another’s experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.” Participant 2, “I saw poverty I had never seen before...I wanted to help people and was not comfortable with the fact some people have access to high quality health care and others do not. So, I wanted to effect change. I don’t know the long term effect but was pleasantly surprised by what we could do.”
Social responsibility	“Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.” Participant 7, “I wanted to use skills given to me to help other people who don’t have that ability.”

## Discussion and Conclusion

The purpose of this study was to qualitatively investigate and answer the following questions: Did a physical therapist’s clinical experience in developing countries (either as a student or a licensed practitioner) impact their practice philosophies of improving health and function when they return to the United States? Did international clinical experiences in developing countries shape social

responsibility and altruism of a physical therapist’s professional development? Following international clinical experiences, the participants all spoke of being changed in the view of physical therapy practice as well as their core value attributes based on their interview question responses. It does appear that international clinical experiences facilitate professional development and target core value development of social responsibility, altruism and compassion and caring.



Five themes emerged from participant responses revealing core value growth including: *expressed observation of poverty, unexpected learning experience, impart physical therapist knowledge, appreciation and compassion, and frustration*. The participants expressed being changed by the experiences, yet we do not know the extent of change in any of the core values mentioned above. It was possible all the participants already had a level of professional social responsibility, altruism, compassion and caring prior to their signing up for the international clinical experience, although all participants discussed how the trip had influenced their professional work. This was similar to research completed previously on doctor of physical therapy students who traveled abroad for clinical experiences.<sup>14,15</sup>

There were some limitations to this study; one limitation was that the sample obtained was from physical therapists that were only licensed within the state of Ohio. Another limitation was that expert interview was utilized until data saturation, which occurred at seven participants; this was determined when no new pieces of information were identified. Also, all of the therapists that participated within the study had been to a total of 5 countries combined, which limits the cultures they were exposed to; furthermore, all of these countries were in Central America or the Caribbean, as none of the therapists surveyed traveled to other continents or regions. Finally, the participants were asked to recall their experiences, leaving the information provided to be dependent on their memory, as the range of time passed from their experience was from several months to thirty years.

This study had many delimitations; one included the utilization of open-ended questions within the interview portion. This allowed the participants to speak freely and

reflect on the changes they experienced and their viewpoints on the subjects. Also, all of the participants were from different practice settings within the physical therapy field; there were individuals that practiced within the geriatric, pediatric, skilled nursing, orthopedic, and neurological populations. Another delimitation was the varying lengths of time since the therapists visited another country to provide their pro bono services ranging from 1 year to 30 years. Furthermore, these therapists have all traveled abroad and provided pro-bono services for 1-4 weeks at a time while more than half traveled abroad multiple times; this pulls in a wide variety of experience levels and knowledge bases within the overall participant sample increasing the generalizability of the study to a larger population of physical therapists within Ohio. The pro bono services included provision of physical therapy services such as examinations and treatment, education for patients and families, and fitting patients for assistive devices. Additionally, some of the participants also were involved with conducting wellness education sessions for general health and well-being. Finally, another important delimitation was the ability to capture a human experience that could not be captured within a developed country.

Future studies should focus on obtaining a more generalized subject body by not limiting participants to only Ohio. Different demographic areas of the international clinical experience may produce different themes and responses as more cultures would be touched. This study could be improved in design, by interviewing participants who have traveled abroad a greater number of times; this would help to identify if the resilience of traveling abroad further influenced the therapists' thoughts and philosophies, as well as giving the participants an open-ended questionnaire prior to even traveling abroad to have a greater understanding of their experience.



We have concluded that international clinical experiences may have impacted physical therapy practice philosophies and cause development of altruism, social responsibility, compassion and caring for these participants. While the magnitude of impact and development was not determined, the physical therapists felt they were deeply impacted professionally by the experience and would not hesitate to repeat the experience if an opportunity transpired.

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## Appendix A

Hello. You are receiving this email as a licensed physical therapist in the State of Ohio. All contact information was received by The Ohio Occupational Therapy, Physical Therapy, and Athletic Trainer Board for the sole purposes of research. If you have ever traveled abroad to a developing country to provide physical therapy services and would like to participate in a qualitative research study discussing your experiences, please complete the informed consent form and fax it to The University of Findlay Physical Therapy Program ATTN: Jean Weaver, PT, MBA at 419-434-4336. A researcher will then contact you by phone and schedule a time when you may be interviewed over a speaker phone with the research team to discuss your travel. Thank you for your consideration of participating in this research. The research has been approved by The University of Findlay Internal Review Board.

## Appendix B

The interview questions were as follows:

1. In which developing country(ies), defined as having a relatively low level of economic production and standard of living<sup>5</sup>, did you provide clinical services?
2. How long were you in that country?
3. What encouraged your decision to travel abroad?
4. What were your personal experiences in the country?
5. What did you learn from your trip?
6. What did you hope to gain from your experience of traveling abroad and providing service in a developing country?
7. Do you feel as if you have achieved that goal?
8. Do you feel as if your experiences have impacted your current practicing philosophies as a licensed physical therapist?
9. Would you go again? Why?
10. Would you recommend this experience to another licensed physical therapist or a student physical therapist? Why?
11. Do you have any comments that you would like to share with us that occurred with your personal experience that we have not already asked you?