

Food Insecurity Experience: Building Empathy in Future Food and Nutrition Professionals

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ABSTRACT

Objective: To assess changes in empathy in students completing a food insecurity experience.

Design: Mixed methods; quantitative data from survey in years 1 and 2; qualitative data extracted from students' workbooks in years 2–5. This study was conducted over 10 weeks annually for 5 years.

Setting: Northwest US land-grant university.

Participants: Students enrolled in a community nutrition course who chose to complete the food insecurity exercise. Total included 58 students in quantitative analysis in years 1 and 2 and 119 in qualitative analysis, years 2–5.

Intervention(s): The intervention was a food insecurity experience in which participants spent no more than \$3/d on food for 5 days (\$15 total) while striving for a nutritious diet and reflecting on their experience.

Main Outcome Measures: Empathy scores measured by Likert scales; participant responses and reflections recorded in workbook journals.

Analysis: Comparison of means across time using paired *t* tests ($P < .05$); coding and sorting themes from workbook journals.

Results: Quantitative findings indicated that both classroom content and experiential exercises were important for enhancing empathy about food insecurity. Empathy scores increased from time I to time II and from time I to time III. Qualitative reflections among participants included terms such as *guilt*, *empathy*, *compassion*, and *raised consciousness about food insecurity*.

Conclusions and Implications: Experiential and transformational learning to develop empathy can take place in a 5-day food insecurity experience during a typical university-level community nutrition course. This intervention can be tested for applications in other contexts.

Key Words: community nutrition students, food insecurity, dietetics education, food assistance, transformational learning theory (*J Nutr Educ Behav.* 2016; ■:1–10.)

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INTRODUCTION

Food security is defined as having “consistent, dependable access to enough food for active, healthy living.”¹ Approximately 12.7% of households (42.2 million individuals) in the US

were food insecure sometime during 2015.¹ Food insecurity and hunger have consequences for an individual's physical health, social and mental well-being, and overall quality of life.² Hunger is a source of pain, faintness, and anxiety; it impedes development

and lowers academic achievement; and it is implicated in chronic disease and mental disorders, and has a paradoxical relationship with body mass index.^{3–17}

It is difficult to afford nutritious foods on a limited budget, which exacerbates chronic disease risk for low-income populations.^{16,17} The least expensive forms of food energy are foods in the fats category, grains, and other carbohydrates.¹⁸ Conversely, fruits and vegetables are the most expensive in terms of calories, whereas meat, poultry, and fish are the most expensive per serving.¹⁸ Individuals who are food insecure often rely on low-cost, energy-dense, but nutrient-poor foods to satisfy hunger.¹⁹

Empathy is increasingly viewed as an important attribute of health professionals.^{20–22} Empathy entails the moral imperative to be altruistic and the ability to experience another person's emotional state, accurately perceive

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and understand another's viewpoint, and communicate understanding of the other's perspective.²²⁻²⁶ Empathetic interactions between health practitioners and clients can lead to strong rapport, increased trust, improved health outcomes, improved compliance, and positive patient satisfaction ratings.^{25,27} Empathy protects health care providers from burnout and improves well-being.²⁸ In dietetics, empathy during consultations leads to higher patient satisfaction and greater agreement between patient and dietitian regarding what was discussed.²⁹ Conversely, non-empathetic feelings when counseling obese patients have been associated with shorter counseling sessions, less effort, and a negative tone from the practitioner.³⁰ Because empathy is a crucial skill that can be taught, training programs in the health professions strive to instill prosocial attitudes and the development of empathy in students.^{20,31} Current literature provided no examples of activities in dietetics education associated with increasing empathy.

To address the health risks associated with food insecurity and provide competent counsel, dietetics students and future health practitioners not only must understand the consequences of hunger and the stigma associated with both nutrition assistance and obesity; for the sake of better health outcomes, they must also have empathy when working with clients who struggle to afford nutritious diets.^{29,30}

In an attempt to address this educational need, since 2005 dietetics students at Montana State University participated in a food insecurity experience (FIE) as part of their undergraduate curriculum. The FIE, which requires students to live on a limited food budget for 5 days, was intended to achieve the following learning outcomes: (1) students developed understanding about what it was like to be food insecure, (2) students developed strategies for maintaining a nutritious diet on a limited food budget, and (3) students gained empathy for individuals who were food insecure.

Theoretical Foundation

Transformative Learning Theory, which uses an experiential education approach, was the basis for the design

of the FIE.^{32,33} Experiential education allows participants to learn by doing, whereas transformative learning entails reflection and openness to others' perspectives and ideas, providing the opportunity to construct a new or revised interpretation of the meaning of one's experiences to guide future action. Following the assumptions of the Transformative Learning Theory, the FIE simulated what was encountered by those dealing with food insecurity and required participants to reflect on their beliefs and attitudes toward individuals who were food insecure in light of their experience. This research used a mixed-methods approach to assess the impact of the FIE on the stated learning outcomes, including a quantitative survey and qualitative analysis of workbook journals.

METHODS

The FIE

The FIE required students to meet their food needs for 5 days with a total of \$15, eating only food for which they paid (free food and charity were not permitted) while also striving for a nutritionally balanced diet. Allowing approximately \$3/d was based on typical *Supplemental Nutrition Assistance Program* (SNAP) allotments during the years of the study (the average monthly SNAP benefit per person in 2014 was \$125.35 or \$4.17/d, increased from \$96.18 in 2007 or \$3.20/d).³⁴ Not allowing participants to use free food or charity during the 5 days was a condition intended to create a challenge in which participants had to consider how to budget a small amount of resources to include nutritious food and how to cope with the emotional, physical, and mental consequences of food insecurity. The abundance of free food on this college campus would have undermined the challenge of this relatively short-term experience.

Participants completed a 5-part workbook before, during, and after the experience (Figure 1). The workbook, which was divided into 5 parts, asked students to reflect on how they might feel during the experience and to consider what they would purchase with the limited food budget. In part 2, students were asked to describe their shopping experience, list their

purchases, and describe how they maximized the limited funds. Part 3 required students to describe their experience each day and to focus on how they felt physically, mentally, and emotionally. They were also asked to visit the county assistance office during the experience, to apply for food assistance, and to describe what that was like. Part 4 of the workbook required participants to complete a diet analysis using the nutrient analysis tool of their choice, and to assess how well their estimated needs were met. They were asked to reflect on the changes they made to comply with the conditions of the assignment, and how in retrospect they could have improved the quality of their diet on the limited budget. Finally, part 5 required students to visit and volunteer at the local food bank after the 5-day experience and to record observations. Students were also asked to reflect on the FIE as a whole, and consider what they had learned that might benefit them as future food and nutrition professionals whose clients may face food insecurity challenges.

In addition to the 5-day experience and workbook, participants were exposed to typical community nutrition classroom content, including lectures and activities related to poverty, hunger, and food assistance. Examples of class activities included comparing minimum wage earnings with poverty thresholds, discussing readings related to living in poverty, and exploring specific food assistance programs in small groups.

Study Design and Sample

A multiphase approach was used to assess the impact of the FIE compared with and combined with classroom content. A food insecurity survey was administered in years 1 and 2 to assess quantitative impacts of FIE on empathy. The researchers developed an original 5-point Likert scale questionnaire to measure changes in empathy at different points in time. Items matching assignment objectives represented a broad range of attitudes toward food insecurity. The questionnaire was tested on a group of 10 nutrition graduate student volunteers for face validity and then was revised for clarity. The final

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