

Mount Saint Vincent University
Department of Applied Human Nutrition

**Compassion in Healthcare: A Qualitative Study Exploring Knowledge and Experiences of
Compassion of Nutrition Students**

by

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COMPASSION IN NUTRITION EDUCATION AND PRACTICE

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Dedication

This research is dedicated to my parents, Mrs. Anchal Prabha Goswami and Mr. Rakesh Goswami, whose only dream is to make my dreams come true.

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Chapter 1: Introduction

1.1 Purpose of Study

This study aims to explore the knowledge and experiences of compassion among a sample of graduate nutrition students. By understanding the students' current knowledge and experiences of compassion, this study can help to identify areas of strength and gaps in their understanding of compassion and related concepts. This information can then be used to inform the development of teaching and learning strategies and curricula for nutrition and dietetics students that promote the integration of compassion into practice. Additionally, the results of this study will contribute to the existing body of research on compassion-based nutrition and healthcare practice. This study was qualitative in nature, and it is based on the qualitative description (QD) method.

1.2 Researcher Positionality

I spent most of my childhood and adolescence in a small town in Haryana state in India. I come from a Hindu Brahmin family and am a first-generation postgraduate student. I identify as a cis-gender female of colour from a lower-middle-class family.

I find it difficult to trace exactly why I was drawn to compassion as a subject for my research. The process of selecting my research topic was lengthy since I began exploring potential areas of interest, such as social determinants of health, food sovereignty, and eating disorders, well before officially starting my master's program. While these topics intrigued me, I lacked conviction to fully commit to one. I remember, Dr. Phillip Joy, my thesis supervisor, half-jokingly told me to pick a topic that wouldn't bore me for at least a year. I suspect that it remained a subconscious influence throughout my thesis topic hunt.

While Dr. Joy's research on compassion certainly sparked my interest, it was one of many factors that helped in solidifying my decision. I suspect that my upbringing in a Brahmin family, where I was immersed in the teachings of Sanatan Dharma, significantly shaped my choice of

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topic. Growing up, the emphasis on compassion as a fundamental attribute of the divine resonated deeply with me. However, I never saw compassion as something that could be the focus of my research before learning about Dr. Joy's research.

Another reason I may have chosen compassion as my topic is that my Nani (maternal grandmother) passed away shortly after I began my master's program. She was an inspiring woman in so many ways. She was a retired school principal and the most compassionate and humble person I knew. Her sudden passing deeply affected me, and the grief prompted me to reflect on the meaning and fragility of human life. It was a turning point in my life because it inspired me to strive to be a good human in small ways every single day of my life. I feel that it was her teachings and constant reminders to be kind and compassionate even to people who wronged us was a nudge toward the topic of compassion.

Another factor that drew me to the topic of compassion is my experiences as a recipient of unexpected acts of kindness. As an international student, I arrived in Canada with limited support but a plethora of challenges. The compassion and guidance provided by my thesis supervisor, Linda Mann, were instrumental in helping me navigate this difficult period. Her support made a significant impact on my life and reinforced the power of compassion.

I have also encountered several instances of a lack of compassion within the healthcare system both here and back in India, which have had a lasting impact on my mental and physical health. While I am not yet ready to fully share those experiences, they have influenced my awareness of the importance of compassion and my commitment to better healthcare for all.

My upbringing, academic exposure, and personal losses and experiences have all contributed to my interest in compassion. But again, I find it difficult to pinpoint exactly why I was drawn to compassion as my topic, but I feel glad and grateful that I chose it because it has been a meaningful and rewarding exploration. It has been a long and fulfilling journey full of

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reflections and realizations. Through this research, I hope to contribute to a growing body of knowledge that can inspire individuals to cultivate compassion in their own lives and foster more compassionate societies. I hope this research encourages others to prioritize compassion in their interactions with others.

Chapter 2: Literature Review

2.1 Compassion

2.1.1 Definition

The word "compassion" comes from the ecclesiastical Latin word *compassio(n-)*, which derives from *compati* ('to suffer with') ("Compassion," 2022). It has been generally accepted in the literature that compassion involves caring about a person's suffering and acting to help them (Strauss et al., 2016). Furthermore, according to Lazarus' (as cited in Strauss et al., 2016) definition of compassion: "A compassionate person is one who is moved by another's suffering and wants to help them" (p. 16). A corresponding definition of compassion is given by Goetz et al. (2010), they define compassion as: "the feeling that arises in witnessing another's suffering, and that motivates a subsequent desire to help" (p. 351). Compassion, according to both definitions, implies that it is not only a matter of feeling touched by someone's suffering but also a matter of wanting to assist them.

2.1.2 Competing Terminology

In a recent review of literature on compassion in healthcare, Malenfant et al., (2022) noted that there is a lack of conceptual specificity with respect to compassion. Research reports and everyday speech use empathy, sympathy, and compassion interchangeably (Jeffrey, 2016). Often, these terms are confused with each other as well as with other processes that involve sharing in another's distress or suffering (Jeffrey, 2016). There are numerous different ways in which the terms are defined and conceptualized in literature (Jeffrey, 2016). The lack of consensus in the definitions and conceptualizations of these terms has led to their interchangeable use in research reports and everyday speech, as well as confusion with other related processes such as generosity, kindness and patient-centredness (Jeffrey, 2016). Clinical practice, research, and education are all impacted by this conceptual and semantic confusion (Jeffrey, 2016).

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Meanwhile, there is an increasing agreement that compassion is rooted in the ability to acknowledge, engage, and proactively respond to another's suffering (Malenfant et al., 2022). Compared to empathy, sympathy, care, and so forth, being willing to proactively alleviate suffering is a defining characteristic of compassion (Malenfant et al., 2022; Jeffrey, 2016). Compassion seeks to alleviate others' suffering by taking action aimed at alleviating suffering (Malenfant et al., 2022). Malenfant et al. (2022) cite a study by Taylor & Hodgson (2020) suggesting compassion and empathy are related in spite of the established differences between empathy and compassion. In another study empathy was concluded to be embedded within compassion, where compassion enhanced elements of empathy and added action (Malenfant et al., 2022).

Malenfant et al. (2022) note that although there is a dearth of conceptual lucidity regarding compassion, the majority of investigations recognize the attributes or aptitudes that constitute compassion, which entail a dynamic, responsive, and proactive approach. In contrast, these attributes or aptitudes differ from those associated with empathy, sympathy, and customary caregiving, which tend to be more stationary, reactive, and impassive (Malenfant et al., 2022). Malenfant et al. (2022), stress the importance of investigating or validating current definitions, measures, and interventions on the topic of compassion. Further research is needed to examine when and how people are able to distinguish compassion from empathy (Scheffer et al., 2022). Compassion is not universally seen as an emotion, with some contemplatives considering it more of an orientation that includes emotion, motivation, or behaviour (Scheffer et al., 2022).

2.1.3 Significance

Several segments of society recognize the importance of compassion; for instance, many religions around the globe place compassion at the heart of their belief systems, such as Sanātana Dharma, also known as Hinduism, Buddhism, and Islam (Strauss et al., 2016). Moreover, a wide range of professional bodies, such as Compassion Health Care Inc., Compassion International,

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Karuna Center for Peacebuilding, The Centre for Compassion and Altruism Research and Education, and so on, recognize the importance of compassion (Strauss et al., 2016). Leaders of the past and present and from all walks of life, for example, Albert Einstein, Nelson Mandela, and Dalai Lama, have recognized and discussed the importance of compassion. In a digitized article from The Times's print archive, Walter Sullivan writes that Einstein advocated compassion for all living things and the environment (Sullivan, 1972). Nelson Mandela said, “Our human compassion binds us the one to the other - not in pity or patronizingly, but as human beings who have learnt how to turn our common suffering into hope for the future” (Mandela, 2012, p. 84). Dalai Lama stated, “We might reject everything else: religion, ideology, all received wisdom. But we cannot escape the necessity of love and compassion.” (Joy, n.d.)

2.1.4 Evolutionary Perspective

As Clara Strauss (2016) traced the evolutionary perspective on compassion to Darwin (1871), who asserted that “those communities which included the greatest number of the most sympathetic members would flourish best and rear the greatest number of offspring.” (Strauss et al., 2016, p. 16) It is possible to explain why compassion matters by looking at human evolution because humans evolved to include the nurturing of their offspring in their evolutionary process (Doheny, 2014). Prosocial behaviour, which includes compassion, played a major role in human evolution, as well as human intelligence (Gilbert, 2015). Originating as a way to ensure offspring survival, it has since been expanded to include relationships based on kinship and alliances, expanding to even strangers and non-humans (Gilbert, 2015). Prosocial behaviour is an essential part of sociality and caring (Gilbert, 2015). Parents and infants can recognize and care for one another, form friendships and trust, and form social memories as a result of these behaviours (Gilbert, 2015).

2.1.5 Self-compassion

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Self-compassion is closely related to the more general concept of compassion. In contrast to compassion for others, self-compassion entails being kindly open to one's own suffering without escaping or avoiding it, evoking a desire to alleviate it and heal (Neff, 2003). A key component of self-compassion is being able to accept one's pain, shortcomings, and failures in a non-judgmental manner in order to acknowledge and situate one's existence within the larger human context (Neff, 2003). An individual who is self-compassionate practices a mindful awareness of themselves (in a similar vein to attentional sensitivity and non-judgment mentioned above). During challenging times, they treat themselves kindly, as well as understand themselves by recognizing that such experiences are not uncommon among all people (Neff, 2003). Their well-being, sympathy, and empathy are of utmost importance to them (Neff, 2003). An exploration of participants' understanding of self-compassion as a source of compassionate care by Gustin & Wagner (2012) indicates that compassion for oneself and the ability to be sensitive, non-judgmental, and respectful of oneself contribute to compassion for others (Gustin & Wagner, 2012). Moreover, according to Hofmeyer et al., (2016), it is essential for individuals to practice self-compassion before they can be compassionate towards others.

2.2 Compassion in Healthcare

Many perspectives have been explored in relation to compassion in healthcare, including psychology, ethics, health education, and policy (Rydon-Grange, 2018; Fairchild, 2021; Sinclair et al., 2016; Paterson, 2011). In Marianna Fotaki's analysis of how compassion contributes to quality healthcare, she emphasizes the importance of having compassionate clinicians as it speeds up the recovery process (Fotaki, 2015). Additionally, she points out that clinicians have a greater likelihood of being resilient, creative, and open if they feel they are treated compassionately by their organization and peers (Fotaki, 2015). Furthermore, according to Dr. James Doty, founder and director of Stanford University School of Medicine's Center for Compassion and Altruism

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Research and Education, "When health care is delivered with kindness and compassion, it has a significantly greater effect than when it is given in a dispassionate fashion that assumes that the human connection has no benefit" (Doheny, 2014).

2.2.1 Need and Benefits

Hypothetico-deductive models are used by physicians to solve problems and provide solutions to patients (Grant, 2015). Using hypothetico-deductive reasoning, a physician first gathers information about the patient's problem from subjective assessment, resulting in an initial hypothesis. These hypotheses are then further supported or refuted by the objective assessment. They do this by asking the patient questions, conducting a clinical examination and gathering clinical data (Pelaccia et al., 2011). In this model, the goal is to confirm the diagnosis by ruling out possible conditions. Physicians then confirm the diagnosis and create a treatment plan for the patient (Pelaccia et al., 2011). Healthcare, however, requires motivational communication based on compassion as the foundation for finding solutions for total patient care that goes beyond evidence-based medicine (Grant, 2015). Throughout Western healthcare systems, concerns have been raised that patients are being neglected and sometimes even abused; it is being suggested that market forces and economic constraints have eroded compassion and caused this (Kneafsey et al., 2015). Only 12% of patients feel that their physicians have offered them hope of recovery, and 50% feel that they have eroded their hope (Communicating Compassion in the Global Treatment of Rheumatological Pain., n.d.). The patients forget 40% to 80% of the information provided during a medical visit immediately (Kessels, 2003). It is estimated that approximately half of the information retained is incorrectly remembered (Kessels, 2003; Grant, 2015). In particular, the problem is more serious among the elderly, those who suffer from anxiety, and those who fear receiving bad news (Kessels, 2003; Grant, 2015). The majority of patients' expectations are not met during primary care visits, and differences in expectations and agendas are often not resolved

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(Communicating Compassion in the Global Treatment of Rheumatological Pain., n.d.; Grant, 2015).

There is evidence, however, that patients are more likely to remember and follow the advice of a healthcare provider if they are seemingly compassionate (Doheny, 2014). It has been reported that patients and their families feel that compassionate listening and care are highly valued and matter just as much to them as the quality of their healthcare (Hofmeyer et al., 2016). Several studies have indicated that patients are more likely to follow a doctor's recommendations, heal more quickly, and suffer less pain and anxiety when healthcare workers approach them with compassion (Doheny, 2014; Sinclair et al., 2016; Gilbert, 2015; Paterson, 2011).

As discussed above, humans evolved to include the nurturing of their offspring in their evolutionary process (Grant, 2015). Consequently, the "feel-good" hormone, oxytocin, is released in the brain of a patient who receives nurturing in the form of compassion (Grant, 2015). The feeling of anxiety and tension may be reduced as a result, resulting in a lower perception of pain (Grant, 2015; Doheny, 2014). It is crucial to interact with patients/clients in a compassionate manner because patients are more likely to discuss symptoms and concerns openly when they are treated with compassion, which results in more accurate diagnoses and better treatment (Andermann, 2016). As a result, this therapeutic interaction has a direct impact on the patient's recovery (Andermann, 2016). It is critical to note that even though medicine has the potential to cure, how it is delivered can make a huge difference (Doheny, 2014; Hofmeyer et al., 2016). This is true both for the patient and the healthcare provider (Doheny, 2014; Hofmeyer et al., 2016). Compassion is a powerful medicine that can soothe concerns, alleviate distress, and ease suffering (Hofmeyer et al., 2016).

As a compassionate person listens attentively, respects, and is sensitive to what is said and not said (Hofmeyer et al., 2016). Compassionate care meets the patient's core need for connection

and relationships by listening attentively and understanding the patient's worldview (Hofmeyer et al., 2016). In addition, it enhances care effectiveness and person-centredness (Hofmeyer et al., 2016).

2.2.2 Compassion Fatigue and Compassion Satisfaction

Compassion fatigue can be defined as a syndrome characterized by a combination of symptoms of secondary traumatic stress and professional burnout (Newell & MacNeil, 2010; Cocker & Joss, 2016). In literature, compassion fatigue is used synonymously with secondary traumatic stress and vicarious trauma (Newell & MacNeil, 2010). Compassion fatigue can also be sometimes used to describe the stress and exhaustion experienced by healthcare providers (Campkin, 2003).

Healthcare professionals experience compassion fatigue when working with patients because of emotional and physical exhaustion (Newell & MacNeil, 2010; Cocker & Joss, 2016). As a result of day-to-day life, hectic schedules, and balancing clinical and administrative tasks, compassion fatigue occurs (Newell & MacNeil, 2010); and manifests in a plethora of forms, ranging from exhaustion, aggression, irritation to substance abuse, and from waning empathy and sympathy to a loss of satisfaction at work (Cocker & Joss, 2016). Further ramifications include increased absenteeism, and difficulty making decisions or providing adequate care to patients/clients (Cocker & Joss, 2016).

In contrast to secondary traumatic stress and vicarious traumas, which are more immediate in onset, compassion fatigue occurs cumulatively over time (Newell & MacNeil, 2010). The experience of compassion fatigue may be exacerbated by secondary traumatic stress for mental health professionals who treat trauma victims; however, mental health professionals who treat patients other than trauma victims (such as mentally ill patients) may also experience compassion fatigue without experiencing secondary traumatic stress (Newell & MacNeil, 2010).

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A number of scales and questionnaires exist to assess the potential risk of compassion fatigue, and there are several preventive measures worth considering for both patients and caregivers (Campkin, 2003). One such scale is the Professional Quality of Life Scale (ProQOL); according to the ProQOL Stock Slides (Stamm, 2009), it is used to measure compassion fatigue and compassion satisfaction.

While compassion fatigue is said to be a result of the desire to help relieve the suffering of others, i.e. compassion (Canadian Medical Association, 2020); compassion satisfaction is considered to be an antidote to compassion fatigue (Campkin, 2003; Stamm et al., 2021). The experience of compassion satisfaction is a positive outcome of working with traumatized or suffering individuals (Hansen et al., 2018). Generally, compassion satisfaction refers to the positive cognitive and emotional effects that result from feeling compassion (Hansen et al., 2018). Being able to help, being satisfied with one's own situation, and developing as a person are all examples of compassion satisfaction (Hansen et al., 2018).

Several practices are effective in improving compassion satisfaction (Stamm et al., 2021). Among these practices are proactively assessing and prioritizing one's challenges, sharing challenges and potential solutions with others, allocating sufficient time for self-care, delegating work effectively, establishing a clear transition time and activity between work and home, managing trauma inputs appropriately, joining a peer support group, attending professional training regularly, exercising regularly, and last but not least, cultivating a daily practice of gratitude (Stamm et al., 2021).

Education about compassion fatigue, including its symptoms and risk factors, has been suggested as the most effective defence against it (Newell & MacNeil, 2010). In spite of evidence of its existence in a variety of healthcare settings, almost no information about compassion fatigue appears to be included in curricula (Newell & MacNeil, 2010). Content on this topic is not included

for a variety of reasons (Newell & MacNeil. 2010). Among the major reasons are the limited amount of time available to present a curriculum and material already packed, the reluctance of instructors to present material that may negatively represent healthcare practice, the lack of manualized and tested interventions to implement and treat these problems, and the desire to focus on strengths-based approaches to practice (Newell & MacNeil. 2010). Schools of nutrition and dietetics should address this topic in their curriculum since students preparing to practice are likely to encounter clients who are experiencing crisis or trauma (Newell & MacNeil. 2010).

2.3 Compassion in Nutrition and Dietetic Practice

2.3.1 Nutrition Care Process and Client-centred Care

In 2002, the American Dietetic Association developed the Nutrition Care Process (NCP). The NCP clarifies the role and responsibilities of Registered Dietitians (RDs), nutrition practice elements and skills, and the environment in which the practitioners practice using a client-centred framework (Atkins et al., 2010). NCP consists of four steps: nutritional assessment and reassessment, nutritional diagnosis, nutritional intervention, and nutritional monitoring and evaluation (Atkins et al., 2010).

In order to enhance the quality and effectiveness of nutrition care, the NCP employs an evaluation framework, which includes identifying specific goals and tracking clinical and behavioural outcomes (Atkins et al., 2010). It provides nutrition practitioners with a systematic approach that encourages critical thinking and problem-solving so that they can identify interventions that will most likely improve nutritional outcomes (Atkins et al., 2010). All practice settings can benefit from the NCP framework as it supports individualized and targeted nutrition care (Atkins et al., 2010). A key component of the model is the relationship between the nutrition practitioner and the patient/client (Atkins et al., 2010). A client-centred approach is illustrated by placing this relationship at the heart of actions (Atkins et al., 2010).

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2.3.2 Client-centred Care and Compassion

The concept of client-centred care includes clients, their families and caregivers, as well as groups and individuals who are targeted (Atkins et al., 2010). This approach emphasizes how nutrition and dietetic care providers interact with their patients/clients (Atkins et al., 2010). In the same way as compassion, patient centredness involves a relational approach to caring for patients who are suffering or vulnerable (Atkins et al., 2010).

Compassion involves experiencing an emotional response to someone's suffering that stimulates further action in the relationship (Malenfant et al., 2022). Client-centred care, on the other hand, relies on the relationship between the care provider and the patient to stimulate the desire to alleviate the patient's suffering through the provision of directed care (Atkins et al., 2010). In order to achieve patient-centred and compassionate relationships in nutrition and dietetic care practices, the concept of client-centred care emphasizes the importance of establishing a supportive environment and ensuring nutrition and dietetic professionals possess specific interpersonal and intrapersonal skills (Lieshout et al., 2015); such as communication skills and humanistic qualities like compassion (Sladdin et al., 2017).

2.3.3 Need and Benefits

Evidence, passion, and compassion are deemed to be the three cornerstones of optimal nutrition care by the American Society for Parenteral and Enteral Nutrition (Borum, 2002). Despite the fact that compassion is an integral attribute of client-centred care (Lieshout et al., 2015); and client-centred care is an integral attribute of the Nutrition Care Process (Atkins et al., 2010), according to Aphramor and Khasteganan (2016), patients who received dietetic consultations felt dietitians lack compassion and rely upon traditional clinical methods that reinforced their difficult relationship with food. Moreover, in a study done by Elizabeth Futcher, participants reported that people who had completed coursework in food and nutrition experienced

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a reduction in feelings of compassion and warmth when observing others in a negative situation (Spraggins, 1987).

A person-centred approach to language (that is fundamental for compassionate interaction (Sladdin et al., 2017)) while communicating health information and policy has become mainstream and is also generally accepted by the government (Middleton & Moroney, 2019). While according to a study by Sladdin et al. (2019), patients and dietitians have substantially different perceptions of dietetic care. That makes it necessary to develop strategies to bridge the gap between dietitians and patients to build a compassionate relationship (Sladdin et al., 2019).

In his commentary on the American Dietetic Association's strategic plan, Dwyer (1991) highlights how compassion is essential for dietitians, as it allows them to see the worldview of their patients/clients, and understand their suffering in the context of their worlds and their realities. A dietician's compassion makes the patient feel heard and comfortable, and it also ensures they receive the best possible care since Dietitians become aware of the patient's challenges (Dwyer, 1991). Compassion, in addition to assisting dietitians solve health challenges, helps them understand how people's socio-economic status affects their health (Dwyer, 1991). For instance, racism, food insecurity, financial challenges, etc., are factors that play a very significant role in determining someone's health— also known as Social Determinants of Health (Raphael et al., 2020).

2.4 Compassion in Medical Curricula

In spite of the increasing awareness that compassion can be beneficial to clients and patients in terms of their physical health, emotional well-being, and healing, most education programs do not devote much time, if any, to examining the role and understanding of compassion on the part of students/future practitioners. (Parry et al., 2017) Compassion is debated as an innate value or as something that can be taught (Hofmeyer et al., 2016). According to Hofmeyer et al.

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(2016), it is essential to investigate how this core professional value can be embodied and evaluated in practice and made explicit in curricula.

2.4.1 Compassion Education Approaches

Medical schools are trying to build programs that extend beyond traditional clinical and scientific learning and emphasize compassion (Castellucci, 2017). The Compassion Footprint Model is utilized in healthcare practice as an assessment model that amalgamates the art of medicine and the use of wisdom in patient care and healing (Parry et al., 2017). Based on the Compassion Footprint Model, skills and abilities can arise naturally from within a person; it provides a practical pathway to demonstrate how to provide client-centred care by identifying capabilities or competencies that might naturally arise within an individual (Parry et al., 2017). The footprint is considered to be a representation of all the attributes of care (Parry et al., 2017).

There are numerous other methods by which compassion is being included in the curriculum. For example, virtual reality software is used by the University of Illinois College of Medicine (Howard, 2018). The software allows a student to experience the world from the patient's perspective (Howard, 2018). In one such experience, a student explored the world of a 74-year-old man suffering from macular degeneration and hearing loss (Howard, 2018). As a result of this virtual experience, the student started to understand the reality of the patients as she encountered a dark mass that obscured her central vision and muffled sounds that surrounded her (Howard, 2018).

Dr. Helen Riess, Director of the Empathy and Relational Science Program at the renowned Massachusetts General Hospital, has ingeniously crafted a program by synthesizing neuroscience concepts with techniques to augment the relationship between physicians and their patients (Howard, 2018). A major component of this program involves comprehensive training in the recognition of emotions (Howard, 2018). This includes the identification of critical facial

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expressions and the cultivation of mindfulness towards one's own emotions (Howard, 2018). It is noteworthy that an increasing number of prestigious medical schools are now offering Dr. Riess' course, including the esteemed University of South Florida, Morsani College of Medicine, and the State University of New York (Howard, 2018).

A key component of academic and professional therapy training is compassion (Parry et al., 2017). In order to acquire new knowledge and skills, the emphasis is placed on learning to understand perspectives from individuals with different life experiences (Parry et al., 2017). The goal of speech and language therapy is to assist others in connecting with others by facilitating communication (Parry et al., 2017). Moreover, applied psychology training aims to facilitate understanding and concern for others (Parry et al., 2017). These professional pathways are determined by personal histories and motivations, and these factors are taken into account during training (Parry et al., 2017). It has been suggested that learning about humanity can also contribute to compassion in many ways (Parry et al., 2017).

2.4.2 New Interventions for Developing Compassion

According to a systematic review by Sinclair et al. (2021), a variety of educational interventions have been developed to foster and sustain compassion among healthcare providers. It was difficult, however, to draw any reliable conclusions about whether compassion education interventions are effective for improving compassion for patients (Sinclair et al., 2021). This is because the majority of those interventions did not properly define compassion and relied on self-reported outcome measures (Sinclair et al., 2021). There was also an absence of a comparator/control group or an evaluation of retention, sustainability, or translation into clinical practice over time. Following the review, Sinclair et al. (2021) recommend that educators consider a number of principles when developing compassion education interventions. The first recommendation is to ground the intervention on an empirically based concept of compassion

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(Sinclair et al., 2021). The second recommendation is to adopt a competency-based approach (Sinclair et al., 2021). The third recommendation involves identifying multiple domains of compassion within a multimodal teaching approach that addresses the requisite attitudes, skills, behaviours, and knowledge (Sinclair et al., 2021). A fourth recommendation is to consider the assessment of learning over time (Sinclair et al., 2021). Finally, as part of the outcome measurement process, it is necessary to include evaluations from patients, preceptors, and peers (Sinclair et al., 2021).

2.5 Compassion in Nutrition and Dietetic Curricula

2.5.1 Need to Incorporate Compassion

Similarly to medical curricula, in the nutrition and dietetic context, there is a need for education programs to plan strategically for a workforce that can work and provide care compassionately (Sladdin et al., 2017). As interpersonal skills and humanistic qualities are fundamental to compassionate human interaction, throughout the degree, nutrition and dietetic students need to be scaffolded to build and use skills and qualities such as communication skills and compassion, which are at the core of compassionate human interaction (Sladdin et al., 2017; Lieshout et al., 2015; Levey et al., 2019). It is imperative to adopt deep learning approaches, which require students to actively participate in the development of compassion (Grover, 2021).

2.5.2 Potential Approaches to Incorporate Compassion

In the literature, a variety of psychological factors are implicated in the modulation of experiences and display of compassion (Rydon-Grange, 2018). These include motivational aspects, psychological characteristics of the individual, as well as socio-cognitive processes (Rydon-Grange, 2018). Considering the psychological complexity of compassion, it is unlikely that a simple instruction to be more compassionate would have any meaningful outcome in terms of developing compassion (Rydon-Grange, 2018). We might be able to gain valuable insights into

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how compassion education may be developed if we take into account the multitude of psychological variables that are associated with compassion (Rydon-Grange, 2018). A person with improved emotion regulation skills, for instance, may have an increased capacity to experience compassion, even in conditions characterized by elevated stress levels (Rydon-Grange, 2018). The exploration of similarities between care providers and those they care for may also foster compassion (Rydon-Grange, 2018). For example, by highlighting the similarities between nutrition students and patients/clients, there is a possibility that it could lead to an improvement in the level of compassion among students (Rydon-Grange, 2018). People often have memories of times when they felt helpless, frightened or alone, and this can help them connect with the people they work with (Rydon-Grange, 2018). Developing compassion may be facilitated by recognizing a glimpse of ourselves in those who need our help (Rydon-Grange, 2018). Psychological evidence suggests that the human compassion system adapts to environmental conditions (Rydon-Grange, 2018).

Sinclair et al. (2016b) conducted a noteworthy study that delved into patients' perspectives on the development of compassion in healthcare learners. Findings indicated that patients viewed compassion as an innate characteristic that was present in learners prior to their healthcare training (Sinclair et al., 2016b). In the patient's view, the innate qualities that learners possessed at baseline were seen as malleable that can be further shaped by personal and practice experiences, as well as vocational motivators (Sinclair et al., 2016b). Moreover, patients provided several recommendations for the development of compassion training, such as establishing an interpersonal connection with patients, viewing the patient as a human being, and fostering a human connection (Sinclair et al., 2016b). Teaching methods that patients suggested in compassion training included the use of patient-centred communication, self-reflection exercises, and compassionate role modelling (Sinclair et al., 2016b).

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On the one hand, providing high-quality care requires well-trained students and courses that meet a high standard of competency and quality with opportunities to develop compassion (Parry et al., 2017). Some of these opportunities include learning about people's lives and their perspectives, reflecting on one's own experiences and considering them, and learning how to think about people's development, difficulties and communication style (Parry et al., 2017). Bringing playfulness, genuine interest, and discovery into assessment will foster a compassionate mindset, which will also increase resilience (Parry et al., 2017).

On the other hand, education inevitably involves a degree of judgment, and being a novice, inexperienced, and being assessed can compete and sometimes conflict with a compassionate state of mind, which is a critical component of education (Parry et al., 2017). In this sense, there are several facets of teaching and assessment that are in conflict with encouraging compassion (Parry et al., 2017). Despite the limitations of conventional educational approaches for cultivating and maintaining compassion, there is no consensus on the appropriate methods for teaching and learning compassion (Sinclair et al., 2021).

In order to accomplish an educational environment that encourages, promotes and helps in developing compassion, educators and educational institutions must balance the competing demands of facilitating compassion and maintaining the role of an educational establishment (Parry et al., 2017). It is possible by engaging with curriculum content from a position of curiosity and exploration (Parry et al., 2017). It would be more conducive to cultivating a compassionate mindset than attempting to satisfy external criteria. (Parry et al., 2017)

A systematic review of educational interventions was conducted by Menezes et al. (2021) to study the impact of different teaching methods and the impact these methods have on the empathy and compassion of undergraduate medical students concluded that different teaching tools carry similar impact on promoting compassion and empathy and a continuous program

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instead of a single training activity is required (Menezes et al., 2021). Furthermore, they found that teaching empathy and compassion with a wide variety of teaching pedagogies positively impacts medical students (Menezes et al., 2021). The ability to communicate effectively, mindfulness, exposure to early clinical experiences, comic books, culture and arts, and technology-accelerated learning through virtual patients, hotspots, and hangouts improved compassion and empathy among medical students (Menezes et al., 2021). Consequently, a blend of teaching pedagogies is needed in order to instill compassion in students (Menezes et al., 2021).

Chapter 3: Methodology

3.1 Qualitative Description Method

3.1.1 Rationale and Alignment

The qualitative description method is useful for gaining insights from participants concerning a phenomenon that is not yet fully understood (Kim et al., 2017). A qualitative description can provide a comprehensive account of an event or phenomenon in everyday terms (Sandelowski, 2000; Sullivan-Bolyai et al., 2005). It is often helpful to use an inductive approach like qualitative description when little or no information is known about the topic, or when incorporating the participant's perspective is essential (Sandelowski, 2000; Kim et al., 2017). The qualitative description method aims to achieve descriptive and interpretive validity, i.e., reliable descriptions of events and processes, with the aim of providing an accurate description of participants' experiences, events, and processes (Sandelowski, 2000; Sullivan-Bolyai et al., 2005). The purpose of qualitative description research is to confine the investigation to the surface of the data, and the events and words being discussed; language is used as a means of communication rather than as an interpretive structure to be understood (Sandelowski, 2000).

Research conducted using qualitative descriptive approach is generally considered to be the least theoretical of all qualitative approaches, since researchers are often least constrained by pre-existing theoretical and philosophical beliefs (Sandelowski, 2000). Qualitative descriptive studies tend to draw upon the general tenets of naturalistic inquiry; in the same way as naturalistic inquiry, qualitative description implies a commitment to studying a phenomenon in its natural state to the extent possible within the context of a research project (Sandelowski, 2000). As in any naturalistic study, there are no pre-selected variables, no manipulated variables, and no preconceived notions of the phenomenon under study (Sandelowski, 2000). In this way, the qualitative description allows the target phenomenon to be described in a manner similar to what

it would appear in day-to-day life (Sandelowski, 2000; Kim et al., 2017). Whereas phenomenological, grounded theory, ethnographic, and narrative studies are based upon specific methodological frameworks derived from distinctive disciplinary traditions (Sandelowski, 2000). A qualitative descriptive study differs from phenomenology, grounded theory, ethnography, and narrative studies, yet they can have similar hues, tones, and textures (Sandelowski, 2000). This implies that any qualitative approach can look, sound, or feel like another qualitative approach. A study with a variety of shades, textures, and tones should not be mistaken for a study that misuses or misrepresents a method (Sandelowski, 2000).

3.1.2 Sampling and Participant Recruitment

In this study, participants were recruited using the criterion sampling technique. Criterion sampling involves selecting participants that meet a certain set of criteria (Patton, 2002). It is important to carefully select the criterion used in criterion sampling to define participants who will provide detailed and rich data relevant to the research aim (Patton, 2002). Because the aim of this study was to explore the knowledge and experiences of compassion among a sample of nutrition students, criterion sampling seemed like a suitable sampling method. The recruitment criteria for this study were that participants need to be master's students at Mount Saint Vincent University's Applied Human Nutrition department. Master's students who have graduated recently in the year 2022-2023 were also able to participate in this study.

This study focused on master's students, since master's programs are designed to provide students with only classes that relate directly to their field of study — in this case that is Applied Human Nutrition (Indeed Editorial Team, 2023). Moreover, at the master's level, students are expected to demonstrate a deeper understanding of the subject matter they are studying (Hiemstra, 2001). They also need to foster a greater sense of introspection and reflection (Hiemstra, 2001). To earn their master's degree, students are required to become experts in their field of study (Indeed

Editorial Team, 2023). Having already spent several years navigating academia and the broader world, master's students may have encountered a diverse range of situations and contexts. Conversely, undergraduate programs generally offer students a basic understanding of the different aspects of their chosen field of study (Indeed Editorial Team, 2023).

An additional criterion was that they should be able to speak and understand English. This allowed them to communicate effectively with the researcher. Students were contacted using email (see Appendix A), social media posts (see Appendix B), classroom visits, word of mouth, messages to groups/communities (see Appendix C), and a poster (see Appendix D).

3.1.3 Sample Size

Qualitative inquiry does not have any set rules for sample size (Patton, 2002). A study's sample size depends on what it is trying to find out, the stakes involved, the time and resources available, and the goals the study wants to achieve (Patton, 2002). A qualitative study's validity, significance, and insights are determined more by the information richness of the cases and the researcher's observational and analytical abilities than by the sample size (Patton, 2002). An informational consideration determines the size of the sample in purposeful sampling (Patton, 2002). If the purpose of sampling is to maximize information, samples are terminated when they do not provide new information; therefore, redundancy is the most important criterion (Patton, 2002). In this way, the question of sample size is left open (Patton, 2002). A redundancy-based sample is ideal when there are no time or resource limitations (Patton, 2002).

This study, however, was time-bound and had very limited resources. Therefore, a sample size based on redundancy was not feasible and needed to be determined beforehand, in order to ensure that the results are reliable and valid. When dealing with such cases, it is recommended to specify a minimum sample size based on expected reasonable coverage of the phenomenon, given the study's purpose and stakeholder interests (Patton, 2002). Doing that makes it possible to add

to the sample as the study progresses (Patton, 2002). Changes can be made if a pattern emerges that indicates a change would be valuable; it is important to understand that this design is flexible and emergent (Patton, 2002). In keeping with the project timeline and the available resources, 17 participants were recruited for this project.

3.2 Data Collection

The primary goal of qualitative descriptive research is to understand who, what, and where an event or experience takes place, or to get a sense of its basic nature and shape (Sandelowski, 2000). Typically, data are collected through minimally to moderately structured open-ended individual interviews and focus groups (Sandelowski, 2000).

3.2.1 Semi-structured Interviews

In this study, semi-structured interviews were conducted with university ethics clearance (see Appendix E for interview guide). It was appropriate to use semi-structured interviews in this study; this is because they are an effective tool for collecting data from participants whose thoughts, personal experiences, attitudes, perceptions and beliefs are to be studied about the subject matter at hand (Adams, 2015; DeJonckheere & Vaughn, 2019). In semi-structured interviews, a set of questions is designed to be asked to all participants, but the interviewers' sequencing of questions is participant-directed (Roulston & Choi, 2018). Follow-up questions (known as probes in semi-structured interviews) are composed based on what interviewees have already mentioned (Roulston & Choi, 2018). By modifying the sequencing of questions for each participant, researchers can generate conversations that are participant-directed but still cover the topic of research (Roulston & Choi, 2018).

3.2.2 Mode and Technology

Data was recorded with an audio recorder and in transcription form. Interviews were conducted either in a private location on university campus or online via Microsoft Teams as per

the participants' convenience. It was up to each participant to choose their preferred location, whether it is online or in person.

3.2.3 Interview Process

Each interview began with a confirmation of review of the research information sheet and informed consent (see Appendix F for the information sheet and informed consent form). Researcher insured that each participant had a genuine opportunity to review, understand and ask questions about the research and their participation before the commencement of the interviews. It was also made clear to participants that their personal information will be kept private and secure. They were also made aware of the process of withdrawal from the study without any consequences.

After confirming informed consent, participant's information was collected by using a participant information form (see Appendix G). In this form, information such as participant's age, gender, sexuality, religion, employment status and other demographic information were collected.

After that, participants were asked the main questions, with modified probes depending on the participant's response to the main questions. This method allowed the researcher to cover the basic requirements of the project while exploring new directions as they appeared in the conversations.

While there were no foreseeable risks associated with this study, it was imperative to acknowledge that in the course of the interviews, certain participants could experience emotional distress or discomfort. To safeguard participants' well-being, appropriate measures were put in place to offer the necessary support and resources should such circumstances arise. Fortunately, none of the participants exhibited signs of being triggered or distressed. Moreover, after the interviews, participants were provided with a resource handout to take home that contained short

videos about compassion and mental support resources as a way to ensure wellbeing after the interview (see Appendix H for resource handout for participants).

3.3 Data Analysis

3.3.1 Thematic Analysis

Thematic analysis is an appropriate and powerful tool to gain a deeper understanding of a set of experiences, thoughts, or behaviours across a dataset (Kiger & Varpio, 2020). The purpose of this method is to find shared meanings or commonalities (Kiger & Varpio, 2020). Braun & Clarke (2006) suggest that thematic analysis can be regarded as a fundamental method for qualitative research; as it provides core skills that will be useful for many other qualitative methods of analysis, it should be the first qualitative method that novice researchers learn. Thematic analysis is a flexible research tool that provides a rich and detailed analysis of data. Flexibility is one of its main advantages (Braun & Clarke, 2006).

As part of the thematic analysis process, data sets are coded and searched for themes (Kiger & Varpio, 2020). Data elements are reframed, reinterpreted and/or connected using themes constructed through thematic analysis (Kiger & Varpio, 2020). Besides developing organizational and classification labels to describe the data, the thematic analysis extends further into the interpretation and data transformation processes (Kiger & Varpio, 2020).

3.3.2 Definition and Identification of Themes

The themes represent some meaningful aspects of the data in relation to the research question (Braun & Clarke, 2006). It can serve as a means for identifying patterns or meanings within the data set (Braun & Clarke, 2006). There are two types of themes: semantic and latent (Kiger & Varpio, 2020). Semantic themes pertain to data items' clear, surface meanings that are explicit in nature, while latent themes have deeper, underlying meanings that reveal assumptions or ideologies (Kiger & Varpio, 2020). Therefore, themes serve more than just the purpose of

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categorizing and labelling data (Kiger & Varpio, 2020). Rather, themes are abstract concepts that require a great deal of interpretation and integration (Kiger & Varpio, 2020).

When it comes to identifying themes, it is imperative to understand what constitutes a theme (Braun & Clarke, 2006). As such, it is the responsibility of the researcher/s to determine what a theme is. Braun and Clarke (2016) recommend keeping some flexibility around what counts as a theme in a study since rigid quantifiable rules are not effective.

The thematic analysis allows for themes to be identified regardless of how many times a particular idea or item appears within the data set (Kiger & Varpio, 2020). Due to the qualitative nature of this analysis, there is no definitive answer as to what proportion of the data set has to demonstrate evidence of a theme (Braun & Clarke, 2006). The theme itself may not necessarily be more crucial simply because there are more instances of it (Braun & Clarke, 2006). It's important to consider the context and the purpose of the study when determining the significance of a theme (Braun & Clarke, 2006). When determining the significance of a theme, it is more critical to determine whether a theme contributes something of value or relevance to the research inquiry than whether it is quantitatively significant (Braun & Clarke, 2006).

It is also not the case that a theme is something that is highlighted by many data points, rather than a sentence or two (Braun & Clarke, 2006). A theme does not have to be pervasive and consistent across the data set (Braun & Clarke, 2006). It is possible that some data items allocate a considerable amount of space to a theme, whereas others may give it little or no space, or it may be associated with only a few data items (Braun & Clarke, 2006). This means that a theme does not necessarily have to be present across all data items; it could be a recurring pattern or idea that is consistent but not necessarily pervasive, and it could be associated with only a few data items (Braun & Clarke, 2006). Ultimately, the importance of a theme should be judged based on its relevance to the overall goal of the research project (Braun & Clarke, 2006).

3.3.3 Thematic Networks

Thematic networks are useful for aiding thematic analysis (Attride-Stirling, 2001). Thematic networks summarize the main themes constituting the data set in a web-like manner and serve as a way of organizing qualitative data into a thematic analysis (Attride-Stirling, 2001). By enabling systematic organization of textual data as well as facilitating disclosure of each step in the analytical process, thematic networks provide practical and effective procedures for conducting analysis (Attride-Stirling, 2001).

In addition to helping organize the process of analysis and presenting it, it also allows the exploration of the overt structures and underlying patterns of texts in a sensitive and insightful way (Attride-Stirling, 2001). It facilitates the identification of themes at different levels while facilitating their structuring and representation: organization and representation using a web-like network (Attride-Stirling, 2001). Using web-like networks, it is possible to demonstrate how data is interpreted (Attride-Stirling, 2001). As a first step, basic themes are identified; basic themes are of the lowest order because they are directly evident in the data (Attride-Stirling, 2001). A combination of basic themes forms an abstract organizing theme (Attride-Stirling, 2001). Finally, organizing themes constitute the global theme, which is super-ordinate to other themes (Attride-Stirling, 2001).

Keeping in mind the aim of this study, data analysis was done using thematic analysis with thematic networks, which involved a six-step process. First, transcriptions were coded using MAXQDA software. Second, basic themes were identified. Third, thematic networks were constructed by combining basic themes into organizing themes. Subsequently, organizing themes were combined to form global themes. In the fourth step, a thorough exploration of the networks was carried out to describe the themes. In the fifth step, thematic networks were summarized to

identify the connections between the themes. In the sixth step, patterns were identified to achieve the purpose of the study.

3.3.4 Triangulation

Research triangulation increases research credibility and quality (Patton, 2002). In which researchers can overcome the inherent bias by combining multiple observers, theories, methods, and data sources (Denzin, 1989c, as cited in Patton, 2002). In spite of the fact that there are no simple formulas or clear-cut rules for conducting a credible and high-quality research project (Patton, 2002); triangulation has been suggested as a methodological strategy to establish the legitimacy of qualitative research (Flick, 2018).

According to Flick (2018), triangulation is the process of considering the research topic from two or more perspectives. The use of only one method makes studies more susceptible to errors related to that method (Patton, 2002). In contrast, studies that use multiple methods provide a means to perform cross-data consistency checks using different types of data (Patton, 2002). Triangulation benefits data analysis by enabling a variety of approaches to look at the phenomenon under study (Patton, 2002).

The purpose of triangulation is often misunderstood as being to demonstrate that different data sources or inquiry methods lead to the same result (Patton, 2002; Flick, 2018). However, the goal is to evaluate whether or not there is such consistency (Patton, 2002). When qualitative data sources are triangulated, the results may not be a single, cohesive picture or answer to the research questions (Patton, 2002). Studying these differences and understanding their causes and effects is the point (Patton, 2002). It is, therefore, important to understand triangulation as a source of additional knowledge about the topic under study rather than solely as a means of confirming what is already known (Flick, 2018). Since different kinds of data capture different things, the analyst tries to understand why the discrepancies exist (Patton, 2002). A credible conclusion can be based

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in part on either consistency in the overall patterns of data from multiple sources or on reasonable explanations for differences between sources (Patton, 2002).

The process of triangulation can be accomplished in a variety of ways (Patton, 2002). When different data sources are checked within the same method, it is known as triangulation of sources (Patton, 2002). By comparing and cross-checking information derived from different sources and at different times within qualitative methods, we can ensure that the information is consistent (Patton, 2002). In this project, course outlines of different graduate-level courses were analyzed to achieve triangulation. The purpose of this analysis is to detect instances or mentions of compassion or compassion-related concepts in the curriculum, which was then compared with the data gathered from the participants' interviews about their experiences or knowledge of compassion gained as a result of their study in the program in Applied Human Nutrition.

In order to analyze the course outlines, document analysis was done with course outlines as the data source. Document analysis involves reviewing or evaluating documents in a systematic manner (Bowen, 2009). As triangulation is often accomplished using document analysis in conjunction with other qualitative research methods (Bowen, 2009), document analysis seemed to be the method of choice. The analysis of documents using this method is typically divided into three steps: skimming, which involves a superficial examination of the documents; reading, which is a more thorough examination; and interpretation, which is the interpretation of the documents (Bowen, 2009).

Another way to triangulate is to involve multiple analysts in reviewing of the findings, this is called analyst triangulation (Patton, 2002). Analyst triangulation can be achieved in a number of ways, one of them is expert audit review (Patton, 2002). In an expert audit review, experts assess analysis quality (Patton, 2002). In this study, Dr. Phillip Joy and Linda Mann (thesis supervisors) assessed the quality of the analysis conducted by Suhnandany Goswami (graduate student).

An additional form of triangulation that was used in this study is a review by inquiry participants. It is a form of analytical triangulation (Patton, 2002). This approach allows researchers to cross-check their findings with participants by having them respond to what is described and concluded in a qualitative report (Patton, 2002). Not only does this assist in confirming the findings, but it also helps in ensuring that the right questions are being asked in any particular area of research (Patton, 2002). The findings of studies shared with participants are viewed as valuable by some researchers as a way of triangulating their conclusions (Patton, 2002). However, other researchers worry that the findings will undermine the analysis's independence (Patton, 2002). In this study, after the data analysis, results were shared with the participants in confidence, and participants were asked to respond to the findings drawn from the interviews.

3.4 Ethical Considerations

Prior to the commencement of this study, ethical clearance was obtained from Mount Saint Vincent University's Research Ethics Board (see Appendix I and J for certificates of research ethics clearance). This ensured that the study was conducted in accordance with the established ethical standards governing research involving human participants.

In the interest of respecting autonomy, participation in this study was entirely voluntary, and only individuals who met the study's aforementioned specific inclusion criteria were eligible to participate.

Interested individuals received a study information sheet and a consent form, through either virtual means, and their informed consent was obtained prior to confirming their participation in the study. These documents were reviewed again at the time of the interview. Participants were informed about the purpose of the study, the nature of their involvement, and the potential risks and benefits. They were also given two opportunities to ask any questions or seek clarification about the study.

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To safeguard participants' confidentiality and privacy, all identifiable information was anonymized. However, for the purpose of analytical triangulation, a list of unique identifiers was maintained. Upon recruitment, each participant was assigned a unique pseudonym to maintain their anonymity throughout the study. This list was stored in a password-protected electronic file, and a hard copy was kept in a secure locked drawer. Only the principal investigator and the thesis supervisors had access to this information. All data collected was stored securely and confidentially.

In summary, this study was committed to upholding the highest ethical standards and protecting participants' rights, privacy and confidentiality.

Chapter 4: Results

The aim of this research was to explore the knowledge and experiences of compassion among nutrition students from the master's programs in Applied Human Nutrition (AHN) at Mount Saint Vincent University (MSVU). The AHN department offers two graduate level programs namely Master of Applied Human Nutrition (MAHN) and Master of Science Applied Human Nutrition (MScAHN). In addition, students meeting national dietetic undergraduate requirements may also complete a dietetic internship necessary for registration as a professional dietitian. Students may also apply to complete a food and nutrition practicum to gain practical experience in the field of human nutrition. MScAHN program is thesis based, and they provide students with an opportunity to gain research experience.

4.1 Participant Demographics

In this study, 17 individuals participated who were either enrolled in or recently graduated from MAHN or MScAHN. The participants ranged in age from Nia, who was 23 years old, to River, who was 43 years old. Most participants were heterosexual females, while three were heterosexual males. Interestingly, demographics clearly showed a divergence of ethnic, racial, and religious identities among participants, where 14 of the participants were international students from different countries like Iran, Nigeria, China, Ecuador, India and Bangladesh.

All participants except one worked during the master's program; they were mostly full-time workers or had more than one part-time job. There were only six participants who held one part-time job, and ten who were either employed full time or held multiple part-time jobs while attending school. Their occupations ranged from nutrition related roles such as dietetic technician and nutrition assistant to non-nutrition related roles such as pharmacy assistant, cashier, retail sale supervisor. Detailed demographic information can be found in the Table 1 below:

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Table 1

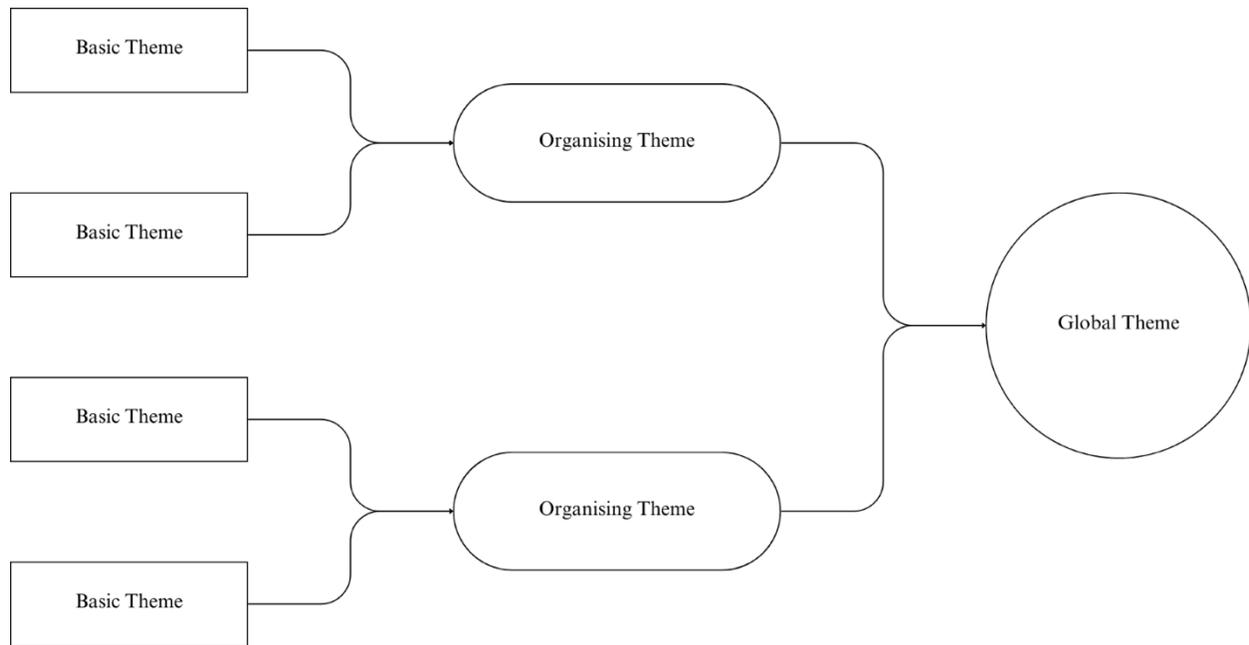
Participant Pseudonym	Age (in years)	Ethnic/Racial Identity	Gender	Sexual Orientation	Student Status	Country of Birth	Place of Longest Residence	Religious Identity	Highest Level of Completed Education	Employment Status	Occupation
Sara	31	Persian	Female	Heterosexual	International	Iran	Iran	N/A	Master of Applied Human Nutrition	One Part-time	Pharmacy Assistant
Elizabeth	32	Caucasian	Female	Heterosexual	Domestic	Canada	Canada	Roman Catholic	Bachelor of Science in Applied Human Nutrition	Two Part-time Jobs	Dietetic technician
Grace	32	N/A	Female	Heterosexual	International	Nigeria	Nigeria	Christian	Master of Applied Human Nutrition	Three Part-time Jobs	Medical Receptionist, Unit Lead, Community Health Navigator
Jia	29	Chinese	Male	Heterosexual	International	China	China	Buddhist and Christian	Master of Applied Human Nutrition	Full-time Job	Marketing Coordinator
Candy	25	Asian	Female	Heterosexual	International	India	India	Hindu	Master of Applied Human Nutrition	One Part-time	Client Support Worker
Sophia	40	N/A	Female	Heterosexual	International	Nigeria	Nigeria	Christian	Master of Applied Human Nutrition	Full-time Job	Caregiver
Olivia	25	White	Female	Heterosexual	Domestic	Canada	Canada	New Age Christian	Bachelor of Science in Applied Human Nutrition	Two Part-time Jobs	Research Coordinator, Researcher
Ravi	29	Part European, part Lebanese	Female	Heterosexual	Domestic	Canada	Canada	Christian	Bachelor of Science in Applied Human Nutrition	Full-time Job	Registered Dietitian
Maria	38	Latin American	Female	Heterosexual	International	Ecuador	Ecuador	Christian and Jewish	Master's in Business Administration	One Part-time Job	Food Bank Manager
Isha	35	Asian	Female	Heterosexual	International	India	India	Muslim	Master of Applied Human Nutrition	Full-time Job	International Recruitment Assistant
Joseph	28	Asian	Male	Heterosexual	International	India	India	Christian	Bachelors in Pharmacy	Two Part-time Jobs	Nutrition Assistant
Emily	26	Asian	Female	Heterosexual	International	India	India	Sikh	Master of Applied Human Nutrition	Full-time Job	Continuing Care Assistant
Nia	23	Asian	Female	Heterosexual	International	India	India	Sikh	Bachelor's in Nutrition & Dietetics	Two Part-time Jobs	Soup Kitchen Manager, Food Server
Santosh	25	Asian	Male	Heterosexual	International	India	India	Hindu	Master of Applied Human Nutrition	One Part-time Job	Retail Sales Supervisor
Ash	28	Asian	Female	Heterosexual	International	India	India	Hindu	Bachelor's in Food Science & Nutrition	One Part-time Job	Cashier
Alex	28	Asian	Female	Heterosexual	International	Bangladesh	Bangladesh	Muslim	Bachelor of Science in Food & Nutrition	N/A	N/A
River	43	Persian	Female	Heterosexual	International	Iran	Iran	Muslim	Master of Science in Nutrition	One Part-time Job	Dietary Aid

4.2 Development of Themes

The exploration of knowledge and experiences of compassion among nutrition students led to the identification of 146 basic themes, 16 organizing themes, and three global themes from the

data set (see Appendix K for details of data supporting each basic theme). The relationship between basic, organizing and global themes is demonstrated in Figure 1 below.

Figure 1



Note. This figure illustrates the hierarchical structure of themes that emerged from the data analysis. Basic themes are represented by rectangular boxes; these were then grouped into organizing themes, depicted by rounded-corner rectangles. The central circle represents the overarching global theme.

To elaborate, identification of basic themes involved lowest level of interpretation as they were evident in the data. Basic themes were then interpreted and summarized to form organizing themes, which were later interpreted and summarized to form global themes. These themes were identified based on the six-step process for thematic analysis employing thematic networks — coding the material, identifying themes, constructing thematic networks, describing and exploring thematic networks, summarizing thematic networks and interpreting patterns (Attride-Stirling,

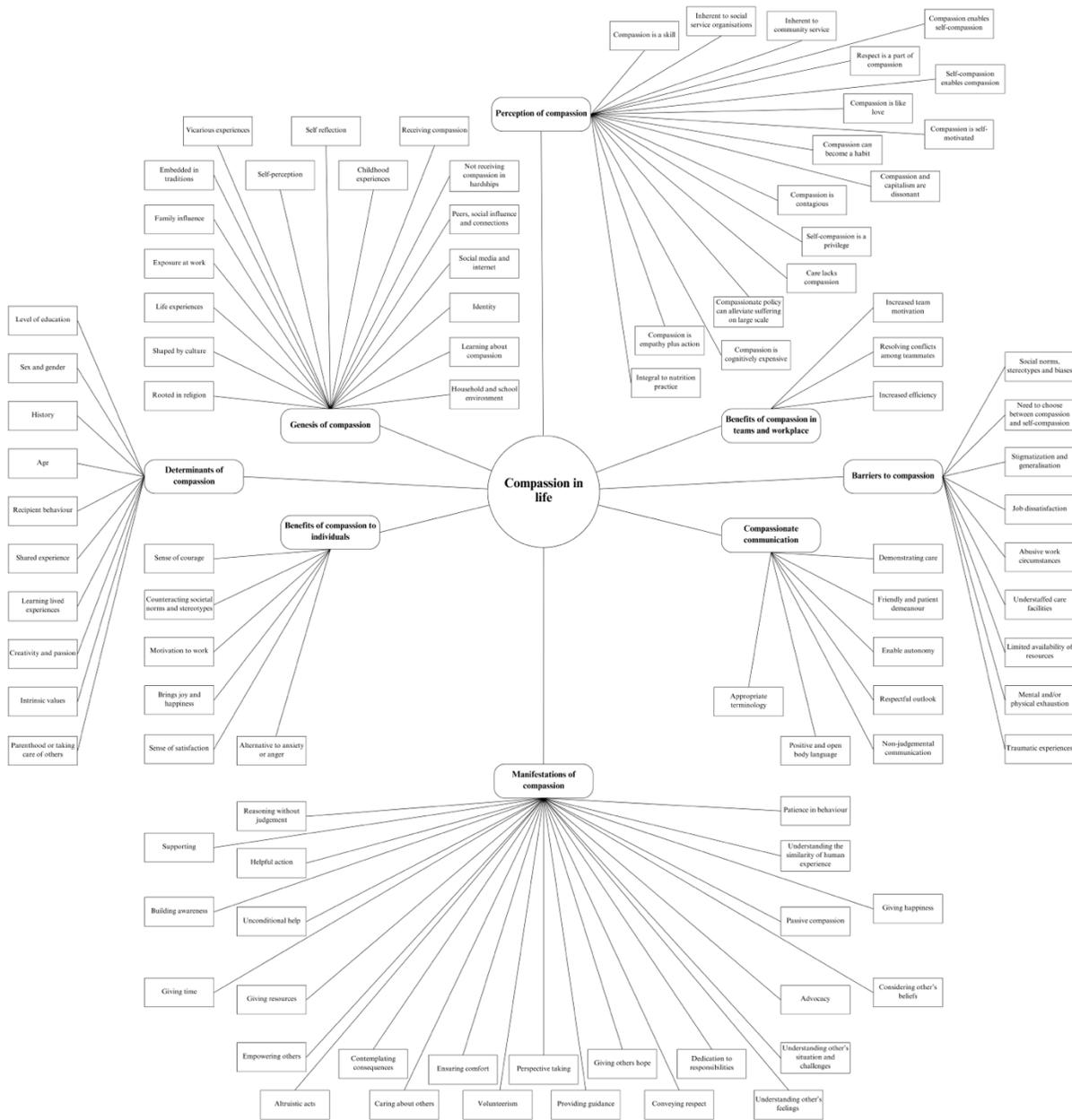
2001). The three global themes describe three different aspects of compassion in the context of nutrition: the daily life aspect, the practice aspect and the academic aspect of compassion.

4.3 Global Theme 1: Compassion in Life

As shown in Figure 2, this global theme was derived from eight organizing themes that focused on different aspects of compassion in life including genesis, determinants, manifestations, benefits (in general and in specific settings such as workplace) and barriers to compassion.

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Figure 2



Note. This figure illustrates the hierarchical structure of themes that emerged from the data analysis. Basic themes are represented by rectangular boxes; these were then grouped into

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organizing themes, depicted by rounded-corner rectangles. The central circle represents the overarching global theme.

Additionally, a basic theme focused on participants' perception of compassion in relation to other concepts such as love, empathy; and other contexts such as policy making and community service was identified. Moreover, participants highlighted the significance of communication in expressing compassion, which formed another basic theme, covering body language, terminology, demeanor and so on. A more comprehensive account of different basic and organising themes that make up this global theme is presented in the subsequent sections.

4.3.1 Genesis of Compassion

Participants identified that an individual's compassion originates from several sources such as their childhood experiences, religious learning, vicarious experiences and cultural values. Most participants recognized that in their childhoods, their parents shaped what compassion meant to them as adults; sometimes the shaping was in the form of directly teaching to be kind, helpful and understanding, and other times it was shaping through modeling and being compassionate. Most participants reflected on their parents' deeds to define compassion during the interviews. For instance, Grace expressed her own learning about compassion as a result of observing her mother's compassion:

“. . . my parents are very kind. So they're very kind, they're supportive, they always want to help. So, I think it was a good thing because it helped me as I grew up. I will always remember that my mom will go out of her own way to make another person good. . . . Growing up, my mom will make dinner at the end of the day. She's not going to have a part, a portion for herself, but she wants to make sure every other person has a portion and is well fed. I mean, that's compassion for me.”

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Grace, like many other participants, underlined the selfless or altruistic nature of compassion where the person being compassionate towards others is almost self-sacrificing and is trying to “*make another person good*”.

4.3.2 Manifestations of Compassion

As with the genesis of compassion, the manifestations of compassion in an individual's life may vary, ranging from helping people to advocating to understanding the similarity of human experience. The root of compassion rests upon the understanding of others' experiences and emotions, which stems from an understanding of the similarities between human suffering and experiences. As Jia puts it:

“ . . . all of us are human, so human need is the similar too, human situation is similar. We do not know where we are before we born by our mom. We also don't know when we will go, when we die. Where we will go after we died. We need to get the room, get the house, get the meat, get the eggs, get the car, get the safety place to live, the nutritious food . . . we can similar amount of food every day, we sleep similar time for the sleep and we want to be happy. We want to have comfort. That is our similar need and we also have the similar situation. So, we are human. We are similar. That is the basic for the compassion . . . ”

Jia's idea of compassion celebrates the shared humanity and presents the possibility of being compassionate to individuals that may be entirely different from us. Despite the differences such as country of origin, race, color, background, we can always count on shared human experience to relate with each other and be compassionate.

4.3.3 Benefits of Compassion to Individuals

Participants identified several benefits of compassion in day-to-day life. If an individual exhibits compassion, then not only the recipient but the individual showing compassion also benefits. Here is a quote from Maria that reflect this:

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“ . . . one other thing about compassion is that you just give it because you want to help others. But as soon as you help that other person, you get so fulfilled that probably you are more fulfilled than that other person.”

Other than sense of fulfilment, a compassionate individual may experience a sense of courage, ability to better manage anxiety or anger, ability to counteract societal norms and stereotypes, motivation to work, feeling of joy and happiness and a sense of satisfaction. In Isha’s view,

“you feel like everything in the world is achievable when you have that feeling of compassion from another human being.”

A similar sense of courage and motivation was acknowledged by Ash when she shared her volunteering experience at a foodbank:

“The first day, I need to get all the food loads from the outside to inside. So, there I felt like little uncomfortable, but then, uh, by seeing others who were, you know, challenges we are going through. It kept me motivated to work on that.”

Besides being a source of motivation, River believed that compassion is closely connected to anxiety and anger, as such, one may be able to better manage their anxiety and anger if they choose to be compassionate in a certain situation since they develop the ability to pause, comprehend, and be patient. Her words were:

“ . . . when you are exposed in a problematic situation, you can choose the compassion or anxiety you can be patient about this situation or you can be angry. . . . ”

River compared anxiety and compassion because she saw anxiety as a fixation on self and compassion as taking the time for others. Her reasoning was:

“because when you don't want to take time for others, you are most of the time you are in a rush and . . . you are anxious.”

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According to River, since compassion involves prioritizing and taking time for others, compassion encourages a shift in focus and takes our attention off ourselves or factors that might make us anxious. Creating more space for others in our life connects us to others and fulfills our social needs. More social connections bring more opportunities to be compassionate to others creating a sense of fulfilment as mentioned by Maria.

4.3.4 Benefits of Compassion in Teams and Workplace

Another significant area where compassion has merit is within teams and workplace. Nia elaborated how compassion may increase team motivation given that all the teammates are compassionate to each other. She believed that a team full of compassionate individuals is more impactful than a team where individuals lack compassion for each other. Compassionate teams are more motivated since compassion, according to Nia, “. . . *brings out the motivation in people.*”

Another participant, Ash, shared her experience as a dietitian in the hospital pointing that compassion helps with conflict resolution among the teammates because it is an effort to understand another human being and alleviate their suffering. When she was working in the hospital, some conflict occurred between her and a gastroenterologist. To resolve that conflict, she connected with a senior dietitian, who then approached the conflict with a compassionate lens and helped her resolve the conflict with the gastroenterologist.

Compassion may also increase a team’s efficiency and overall workplace wellbeing. Emily emphasized if we are compassionate to our groupmates or teammates, it allows the teammates to be comfortable with each other because compassion involves talking politely, respecting each other’s views and decisions:

“. . . when we do group work, if we are compassionate, uh, to our group mates or teammates, the task can be done in very efficient manner. So it's basically being comfortable with them, being nice to them, talk politely, and respect each other's

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decisions and, like, respecting their views and respecting your own views. And not putting like only your views or only asking them for the views for the assignment or the project or anything, you can say . . .”

Emily’s comment also highlights empathy, and respectful communication as part of being compassionate. Suggesting that compassion helps in creating a culture of trust and mutual support fostering success. She then exemplified the importance of compassion in teams and workplace by comparing two different group assignment experiences she had. In one of those groups, members were not compassionate to each other:

“ . . . some of our group members, they had issues regarding others’ views and others’, other people’s opinions. So that was the time we messed up with our assignment.”

Comparatively in the second group:

“ . . . everybody respected the opinions and views, so, everybody did their own part and then we combined, and everybody presented their views. So in that one, we basically excelled.”

To summarize, Emily and several other participants expressed that compassion plays an important role in enhancing collaboration and understanding among individuals, making it easier and more fruitful to function as a team. Compassion is also helpful in conflict resolution since it involves taking the time to understand others and most conflicts originate because of misunderstandings.

4.3.5 Determinants of Compassion

Participants identified that in any given situation there are several factors that determine a person’s ability to be compassionate such as their shared experiences and intrinsic values. Sophia, an international student from Nigeria, expressed the importance and impact of shared experiences on an individual’s ability to be compassionate. She recalled that professors/instructors who came

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to Canada as international students were more compassionate to international students whereas other professors were: “. . . *less likely to express compassion. . .*”. She explained that this disparity in the expression of compassion stemmed from shared experience. According to her, “*Instructors who came in as international students and have gone through stages to get to where they are.*” Their own experience as international students made them “. . . *more compassionate towards internationals today.*” She further emphasized her positionality as an international student in Canada and said:

“I'm speaking from the perspective of an international student. I'm not a domestic student, so this is my experience with compassion, and this is my observation with compassion. So instructors who came in through, who came in as immigrant and you know, have gone through different stages to get to wherever they are and more compassionate towards the plight of international students and who readily give you advice and be there for you and help you.”

At the same time, she recognized that there are exceptions where people might not have shared experience, nevertheless they are compassionate to others:

“Although it's not 100%. It's not a theory, it's just a hypothesis. But like I said, compassion is affected by life experiences. So some instructor who might even be Canadians, all their life may have been may have not been compassionate, but somehow there was a turning point. They had certain experiences and then they became compassionate for whatever thing that may have happened to them, whatever they've experienced so they become compassionate.”

Although Sophia emphasized the role of shared experience in determining someone's ability to be compassionate, she agreed with Jia's point about shared human experience and built

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upon it by mentioning that we all have certain experiences that may help us in understanding and expressing compassion.

4.3.6 Barriers to Compassion

While determinants of compassion may influence a person's ability to be compassionate in general or in specific circumstances, there are several factors that can act as barriers to compassion making an individual unable to be compassionate. Social norms, stereotypes, biases, abusive work conditions and scarcity of basic resources are some of the barriers to compassion that an individual may encounter. Ravi shared her observation from an understaffed care facility where lack of enough time to engage with each client/patient acted as a barrier to compassion leading to overall degradation of healthcare service:

“. . . I can think of one colleague in particular, who had a very long waitlist and she felt very rushed in her own job. And I had heard from patients who I had to follow up with for her or who ended up on dialysis. And you know, they just weren't given space to learn. They weren't given space for follow-up appointments. And I think that happens when our healthcare system isn't adequately staffed. . .”

She also noted that without adequate staffing levels, practitioners may become accustomed to looking at patients/clients as just a number rather than as individuals who should be treated with compassion:

“I think it happens when the practitioner is looking at everyone as a number versus as the patient themselves. They're just trying to get through the numbers, I mean, and not consider, okay, well if I got through five patients today instead of the 10, like, at least that those five patients have like good information from me and not just, like, lack of better words, like, half-assing or half you know not doing, not providing as good a care as you could.”

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She further explained that through “*half-assing*” practitioners might be trying to make up for understaffing, so that patients/clients are not waiting for a long time to see a care provider:

“I think it's more like that practitioner is not well staffed like that area is not well staffed. And so they feel that onus is on them to get through as many patients as they can so that the patients aren't waiting to see someone.”

She also recognized that by doing so practitioners might reduce patient waiting times, but they are negatively impacting the quality of care:

“But at the same time, the patients, although that practitioner is getting through them, like you know, knocking patients off the list, the patients aren't receiving compassionate care or, you know, involved or dedicated time, like, they get dedicated time, but it's just it's way too fast in my opinion, and the patient isn't getting enough out of that time.”

Ravi's comments provide insights into barriers to compassion that operate at organizational level to reduce the quality of care. Lack of compassion from the organization to its employees (in this case dietitians) leads to them “*knocking patients off the list*” rather than providing the high quality healthcare that they want to provide to the patients.

Another important aspect of this theme was highlighted by Olivia when she elaborated how social norms, stereotypes and biases prevent individuals from expressing or feeling self-compassionate. She shared the struggle associated with being self-compassionate in the face of a society that constantly makes us feel less than good enough, for example, for a person living with a larger body, it is hard to be self-compassionate because:

“. . .everywhere society tells you that you need to be smaller and you need to be thin and you need to be fit, whether you look at magazines or social media or even just conversations with your family because it's so prevalent. Umm, it's a deep rooted, like, fat phobia or phobia of that. So it's hard to be compassionate for yourself unless if you have a deeper

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understanding I think of the topic, and, umm, just getting away from all of the like societal junk <laugh> and I think it's true also with gender and like misogyny and stuff like that.”

She continues to elaborate the role of education in eliminating these barriers:

“Like if you don't seek to educate yourself and understand what misogyny might be, then as a woman you can feel inferior in certain scenarios or in certain tasks like how there's an obviously a stereotype that girls can't be smart or good with cars”

She interlinks individual differences and biases that prevent us from expressing compassion with the idea that if we are unable to be self-compassionate; it is difficult to be compassionate to others. She also highlights the importance of education in overcoming societal norms and developing self-compassion as a path to be compassionate to others. Another key point emerging from Olivia's comment is that facing stereotypes and judgements does not necessarily guarantee compassion:

“So that's about compassion with yourself, but then with others, I think you can exist in some form of difference, but then also not have understanding for others. Umm, and I don't know why that is, but I know that it does exist and it can happen, and maybe it has to do with like fighting with the self-compassion for yourself, because if you can't accept yourself for who you are, whatever difference it is, then I don't think you can accept it in others sometimes. Umm and I think that could have to do with another word that's coming to mind is like biases or bias. Umm, because I think biases, stereotypes and intersectionality, I think they all relate a lot, umm, to bring like why there are these terrible judgments that we have about people who are different”

Olivia used the words “difference” and “different” to describe underprivileged attributes that may be related to gender, disability, socioeconomic status, sexual orientation, religion, language barriers, immigration status, age and many more. The essence of her comment revolves around discussing that an individual may be underprivileged due to one or more of the attributes

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listed above, and still exhibit judgmental attitude (rather than compassion) towards another individual facing discrimination or biases caused by these attributes. This contradicts the ideas of Jia, Sophia and some other participants that shared experiences foster compassion.

4.3.7 Perception of Compassion

This theme captured participant's diverse perceptions of compassion. Many participants thought that compassion was one step beyond empathy because it entails some sort of action stemming from the feeling of empathy. Santosh explained empathy as:

“. . . empathy is, I think, that you are feeling the same or similar feeling to that of the person who is suffering. For example, if a person was going through a heartbreak and their friend would also feel the same way about that situation, that would be empathetic.”

Comparatively, he exemplified compassion as going beyond mere empathy through action or additional support to ease the suffering of a friend:

“But, if the friend were to try to ease the heartbreak by means like going out, going to a party or something, or maybe just helping that friend who is going through heartbreak, make sense of the heartbreak or like basically get out of it, sort of. So if there was this effort of doing that, of alleviating that suffering, then that would be compassion. So there's this like, umm, distinct line between empathy and compassion. And as I was saying, it is, to a major extent, similar, but not exactly the same. So, if I had to make it an equation, it would be like compassion equals to empathy plus action.”

Santosh described compassion as “*empathy plus action*”, he also recognized the “*effort . . . of alleviating that suffering*” as compassion. Many other participants shared Santosh's understanding of compassion; however, some participants could not articulate the exact difference and used the term empathy and compassion interchangeably while recognizing that they are not exactly the same.

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Furthermore, many participants identified compassion as inherent to social service organizations and community service in terms of exemplifying compassion. Santosh corroborated this idea:

“. . . those kind of movements, those efforts where an organization or a grassroots movement or just some people coming together to provide food to people who might not have enough money to buy food or something else, it could be some other basic necessary like clothes and so on. Maybe providing them with a tent to live, because most of the apartments and houses are really high (in cost) nowadays.”

Similar to Santosh, many other participants associated the work of non-profit organisations with compassion. They often talked about food banks and advocacy work as examples of compassion. According to the participants, advocating for the needs of others involves understanding their suffering and then working to alleviate that suffering, which are defining characteristics of compassion.

At the same time participants talked about the dissonance between compassion and capitalism. Since capitalism prioritizes monetary gain over human welfare, there is dissonance with the essence of compassion. Candy expressed these perspectives in the following quote:

“I don't think they {capitalism and compassion} interact at all very well. They don't merge. Like, do you remember the Venn diagrams that we get in mathematics like they are always a touching, they're looking as if they are touching the surface, but they don't merge, you know, because if you are capitalizing something that means you are looking for profits. That means you are trying to be rich. So if you are compassionate towards someone, and let's just say let's just take a example of some of the companies that we have like, let's just say food industry like <Company name> or <Company name>, or it is called <Company name> now. Uhh, so let's just say let <Company name>. How many

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kids are they helping? Like how many, like they are rich. Okay? The CEO of <company name> might be getting millions of dollars per year as their package.”

In addition, she explained how for-profit companies make performative efforts for human welfare only to increase capital gains from those efforts:

“. . . they do say that we are doing some good or we are doing this, that and we are helping children in Africa we are doing, we are giving away free stuff for some people. . . . Even then, they are advertising that we are doing this. . . .we are doing that. We are helping the poor kids here. We are making sure that they're, I don't know, tuition fee is paid or we are serving them, I don't know, we are serving them free meals for these many days and everything. They do advertise that too, not just <company name>. Many of the companies who do that. Right? Why? . . . because they can increase their sales again, so that more public can see it and it indirectly again relates to capitalism. So even though if they are doing something out of, maybe if they have more, they think that they have more money and they can do it, but they are expecting something out of it, right? So I don't think that really goes well with . . . compassion.”

Moreover, she argued, if for-profit organizations were compassionate, their employees would not struggle to fulfill their basic human needs. Many for-profit organizations that claim to be human welfare oriented ignore the fact that getting decent food, healthcare, and a place to live are common problems for their employees.

“. . . forget about charities. Are they {for-profit organizations} treating their employees right? I highly doubt it, and most of the employees are underpaid, right? They could give good packages, good bonuses, but everyone is struggling to meet and make it to the end or make it to the end of the month, right? Like when you get to the end of the month, do you have any money seeing in your bank account, especially if you have a family? No!

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They might be going to the EMIs for groceries, and if you have kids, other stuff and healthcare, you know. So how many like really successful companies or whatever capitalized companies or industries they have, how many people are doing any good? So I don't think they're really very compassionate.”

To sum up Candy’s ideas, capitalism prioritizes monetary gain of a few individuals over collective well-being that leads to performative compassion and exploitation of employees. Capitalism gives rise to a system where ideas of hustling for financial gains takes priority over taking time to support another human being or to be compassionate to others or oneself.

Furthermore, some participants felt that self-compassion is a privilege because an individual's basic needs such as food, shelter and safety should be met in order for that individual to feel or even think about the concept of self-compassion. Jia expresses this in the following quote:

“. . . no one can compassion with themselves in Asia. All of us need to push ourselves, work hard, work hard twelve hours a day, seven days a week, 42 weeks an year. But I think in North America, in Europe, because it's this level, culture and you do not experience the suffer for the lack of food, suffer from people hate people, very much in China. So you have the ability, you have the cultural background to compassion yourself, to understand yourself, to have a talk with yourself, with your emotion, with your feeling, with your thought, even you can express, appreciate to your food, to your mind, to heart.”

He continued to emphasize the role of religious beliefs, geographical location, history and culture in shaping an individual’s ability to be self-compassionate:

“Another reason is that North American believe the God, and they believe in the God give everything, the God loves their son. But Chinese people believe in Buddha. There is several difference between Buddha and God. And yeah in a word, I think people can get

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compassion with himself, but it based on the country, background, history or the culture, religion background.”

Simultaneously, many participants felt that compassion enables self-compassion. As a result of being able to help others an individual may feel a sense of fulfilment and satisfaction that they may want to pursue by helping more people. The pursuit of fulfilment and satisfaction was seen as self-compassion by a few participants leading to the understanding that compassion for others may give rise to self-compassion. The following quote from Maria reflects this perspective:

“I just give them {patients/patrons} my number because I think probably that's me being self-compassionate as well. So, by having this feeling of helping others I feel good.”

While some participants saw compassion towards others as a way of being self-compassionate, comparatively, others perceived compassion as altruistic, unconditional and selfless. As Santosh said:

“. . .if there were any strings attached to the, umm, really attentive and compassionate action towards the suffering, then the person who is suffering would only be thinking about the things that are coming, the things that they might have to do. . . If the relative who helped me settle in here, in the new country. If they were like, okay, for about one week or so, I'll help you with everything and so on, but from 2 weeks onwards you have to do the household work of the entire, you know, house sort of. Or something strange like that. It would have been really awkward and I wouldn't really feel thankful to that person, or even, I wouldn't even think of it as a compassionate gesture. So, for compassionate action to remain kinda effective in what it means, like, in doing what it's kind of supposed to do, I'm referring to compassion by the way, it is important to have this selfless nature in it. It is not, maybe it is not entirely possible in a lot of situation, but it is important to have it. . .”

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Many other participants shared Santosh's ideas of compassion as something unconditional. Some participants debated that the unconditional and altruistic nature of compassion conflicts with the transactional nature of a professional interaction between a patient and a care provider. While others saw compassion as an invaluable addition to the patient-provider interaction despite it being in a professional setting involving monetary transaction.

Further, participants also recognized respect (in practice) shares similarities with compassion. Whereas some participants believed that compassion could manifest as conveying respect, others mentioned respectful outlook in the same breath as compassionate communication. The following quote from Grace touched upon respect as part of being compassionate to patients in a healthcare setting:

“People come in every day because they have problems. The way and manner you talk to them, goes a long way. You don't disrespect them, show that you care about them. Show that you understand why they're there and you want to help.”

Another noteworthy point was that participants viewed compassion as cognitively expensive in the sense that expressing compassion requires additional energy. This perspective is explanatory to the perspective that mental or physical exhaustion may act as a barrier to compassion, which is another theme that emerged from the data. Jia reflected these findings in the following quote:

“It's so tiring for them to show the compassion, I think. And sometimes, you know, if you show so much compassion, you will lose your energy of daily energy, daily life. And sometimes compassion consumes so much energy from your brain. You need to have very strong emotions through your brain and that will let you be tired because the brain is, it's expensive to think, to feel it.”

4.3.8 Compassionate Communication

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An individual's ability to communicate compassionately was recognized as central to expression of compassion: where an individual being compassionate demonstrates care for the recipient of compassion, exhibits a patient and friendly demeanor, enables autonomy rather than forcing help, uses appropriate terminology, presents in a non-judgmental manner with positive and open body language. Emily shared her experience with a demonstration of a nurse interacting with a patient in a compassionate manner. In the following quote, Emily expressed the different aspects of that interaction that resonated with the expression of compassion:

“Then she {healthcare provider} explained that, like, nicely why that injection is needed, how it will be injected, like, it would be, cause pain or not, if it causes pain, then what could be done and all those things. So, the patient became comfortable with that. So, that's the next step to compassion, yeah. And then she, asked for consent to inject. So, that is also part of compassion, that's showing that the nurse cares about the patient. So, they will consent, and they will allow.”

Along with demonstrating the characteristics of a compassionate interaction, Emily's comment touches upon the themes that witnessing a compassionate interaction allows the students to enhance their understanding of compassion. This finding will be further explored in the upcoming sections.

Further, Olivia emphasized the importance of non-judgmental communication and understanding the patients' worldview as crucial to being compassionate while communicating in a nutrition practice setting:

“. . . there was no judgment at all like there was no, not like, and you could tell it not only in what she {dietician} was saying so in the communication, like the verbal communication, but also in the nonverbal communication of like how she was acting around him {patient},

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like there was no sense of judgment or anything like that. Like she was very compassionate of his situation . . .”

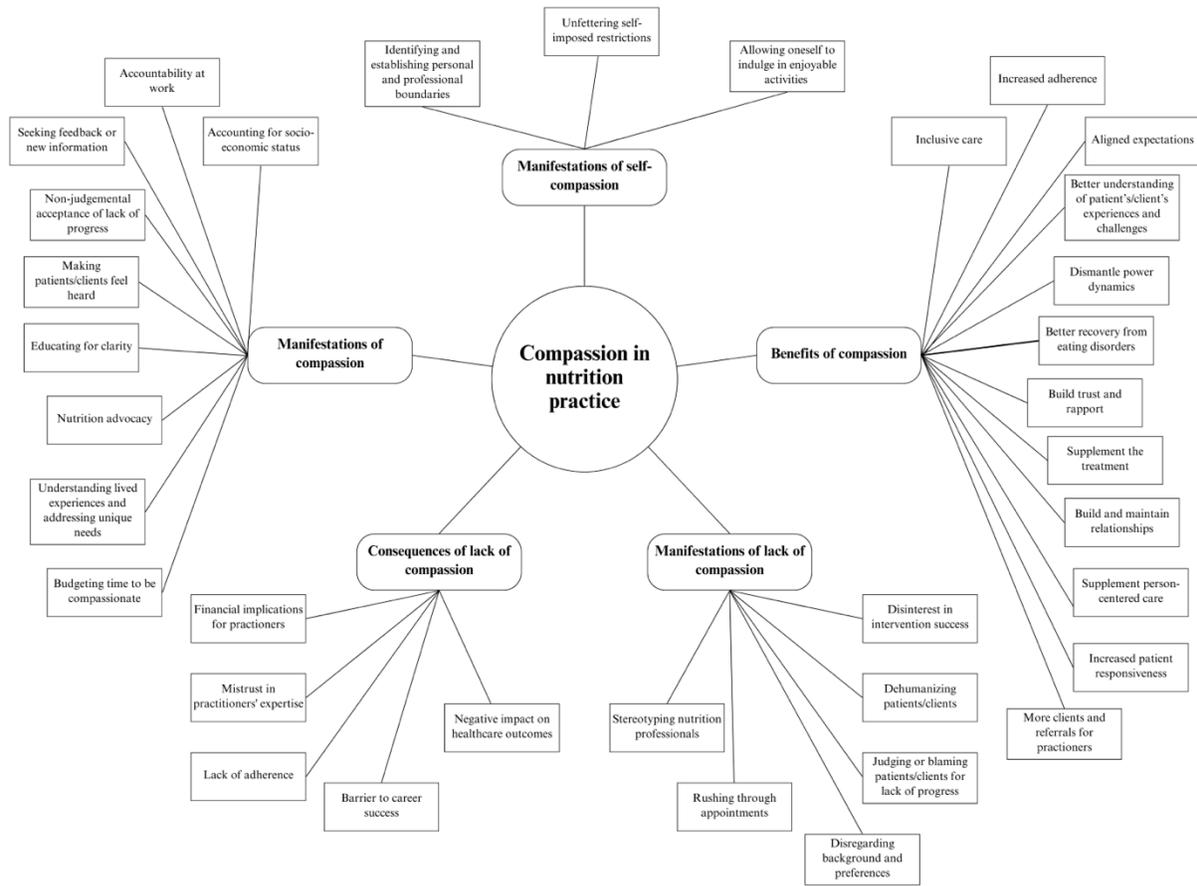
In addition to understanding the patient without judgement, Olivia’s comment touches upon the themes that witnessing a compassionate interaction allows the students to enhance their understanding of compassion.

To recapitulate, this global theme addresses different aspects of compassion in nutrition students' everyday lives, including its genesis, its causes, its manifestations, its benefits and its barriers. It further explores their perception of compassion in relation to other concepts such as self-compassion and empathy. The importance of communication in expressing compassion along with aspects of compassionate communication was also covered under this theme.

4.4 Global Theme 2: Compassion in Nutrition Practice

As shown in Figure 3, this global theme constituted 5 organizing themes focusing on manifestations of compassion, self-compassion and lack of compassion in nutrition practice besides consequences of lack of compassion and benefits of compassion in nutrition practice.

Figure 3



Note. This figure illustrates the hierarchical structure of themes that emerged from the data analysis. Basic themes are represented by rectangular boxes; these were then grouped into organizing themes, depicted by rounded-corner rectangles. The central circle represents the overarching global theme.

In most cases, while talking about compassion in nutrition practice, participants' answers were focused on clinical practice or diet counselling scenarios with occasional mentions of food service, food manufacturing, nutrition supplements, and food security initiatives and other forms of nutrition advocacy.

4.4.1 Manifestations of Compassion

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Many participants believed that compassion in nutrition practice can manifest in various ways, those various ways may include: taking accountability at work, accounting for socioeconomic status of patients/clients, actively seeking feedback or new information, non-judgmental acceptance of patient's/client's lack of progress, making patients/clients feel heard, educating them to provide clarity about their situation and the intervention, advocating for nutritional needs, understanding patient's/client's lived experiences and addressing their unique needs. River shared her thoughts on patients'/clients' expectation of feeling heard by the care providers:

“. . . whatever you refer to the doctor to, the psychologist, you wanna, um explain and you wanna be heard, okay. And after that you wanna get the feedback from the others, from the . . . physician or . . . dietitian.”

Feeling heard by the care provider is perceived as compassion by the care recipients. Mostly because this gives them a sense of feeling understood by the care provider, leading to trust in their ability to provide appropriate care. Similarly, Candy shared the importance of taking the time to truly understand the patients and their situation, concurrently presenting as supportive and caring rather than inconsiderate and judgmental:

“If you are starting a new diet, or if you're starting something new, you are asking them to come out of their comfort zone and do it. So, they should have that motivation to do it too. So you need to be compassionate enough and you need to be considerate enough that they understand that they have to do it. And it will be good for them. Not mocking them or not blaming them or not making them think that it is their fault, so they are in this position. So, if you do that, you're pushing that person further more away, you're not helping them. So I think having that compassion is really important for a nutritionist or people who are in this field . . .”

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While Candy saw compassion as taking the time to understand the patient, Olivia saw compassion as budgeting time during consultations to express compassion to the patient. She emphasized the importance of budgeting time to be compassionate to patients/clients recognizing that busy schedules tend to act as barrier to compassion. This notion is reflected in Olivia's comment:

“ . . . I hope that we are still able to be compassionate when we have limited time and practice with each patient. . . . it's a lot harder because you have to budget your time,”

She further explained that budgeting time for compassion might not be a priority for practitioners. If there is not enough time, practitioners may address the acute physical health of the patient/client rather than prioritizing their psychological needs.

In addition to the perception of budgeting time for compassion, Nia explained compassion as remaining vigilant and owning up to one's mistakes at workplace as compassion for the end users of the product:

“ . . . if I have to give an example of food industry, for example, maybe the person will not make any mistakes because he knows that the food is a primary thing that everybody eats and if there's something wrong, maybe it can affect a lot of people.”

She further elaborates that if a compassionate food industry worker makes a mistake, they will quickly realize that *“oh, I have done something wrong and before this goes out, I can save so many lives.”*

Nia's comment explores the notion that when an individual is compassionate, collective well-being is significantly more important to them compared to their own personal gains. In Nia's example of the food service worker who does a mistake in their work, compassion is seen as acknowledging that mistake to prevent harm to others. Comparatively, if the food service worker

cares about their own advancement or wellbeing only, then they might try to hide their mistakes at the expense of causing harm to others.

4.4.2 Manifestations of Self-Compassion

Participants recognized the importance of self-compassion in nutrition practice. In terms of definition, participants saw self-compassion as simply compassion towards themselves and sometimes interchanged it with concepts like self-love and self-care. To quote Candy:

“ . . . we are all stressful. You know, we are all heavy hearted sometimes . . . if I can just sit there in front of the beach and listen to the sound of waves for hours and that would make me feel light and makes me feel like I don't have any worries in the world. I'm stress free and tension free and I have, I don't have to think about anything. Or spend some time with the person you love. If you have a boyfriend or a girlfriend, or if you love spending time with your friends or parents, whatever it is, you know. So, anything that brings you joy or happiness or that kind of satisfaction, I think you can just do it. I think all of those in a directly related or they are self-compassion . . . ”

While Candy talked about self-compassion as allowing oneself to indulge in enjoyable activities and unfettering self-imposed restrictions. Ravi dived into the way self-compassion may manifest in nutrition practice as identifying and establishing personal as well as professional boundaries.

“ . . . with patient care when you're showing compassion, you do have to have boundaries or else you become too, what's it, like, too encased, to maybe like, not encased but like, too, you, start to bring things home. You start bringing things home in your thoughts, bringing, like patient experiences, like, they start to hit too close to your own emotional health. And so you almost do need a set of boundary ”

She shared her clinical experience to further elaborate on this:

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“I learned that in a different practice, like when I was working with cancer patients, that if I didn't set emotional boundaries for myself, that I left those patients at work, then I was becoming really sad at home, and like having a hard time, you know, enjoying my life, because I was just constantly thinking about how sick my patients were. Or you know, if this patient dies, like, what's gonna happen to that family? Because I became so close to them, like different things like that. So I think it is, like, being compassionate, like, you do need to have some boundaries. Like, whether for your emotional health, for your mental well-being. There needs to be some boundaries . . .”

Ravi explained that while learning about self-compassion for setting boundaries is important for everyone, it is especially significant for new practitioners. Since new practitioners are unaware of the mental implications of care giving, they sometimes find it difficult to recognize the balance between being compassionate to patients/clients and being self-compassionate. Self-compassion as a means to set and uphold personal and professional boundaries was also recognized as a gap in nutrition curriculum by the participants, which will be further explored in the global theme three.

4.4.3 Manifestations of Lack of Compassion

On one hand, participants previewed effort to budget time for compassion as a manifestation of compassion in nutrition practice. On the other hand, rushing through appointments was seen as a manifestation of lack of compassion. Ravi expressed this by saying:

“. . . if you're not giving the patient time, like, just trying to rush through stuff, that wouldn't show compassion, like that wouldn't be compassion towards the patient. That's like, you know, you're really rushing through, umm, and not allowing for, for space, for processing, or for growth, or for comprehension.”

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Ravi continued to elaborate the way lack of compassion may translate into practice as not reading the client/patient health history:

“It {lack of compassion} looks like not reading patients’ histories or clinic notes. It’s like going in with a blind. . .”

Such lack of compassion from the practitioners may have severe health implications for the patients/clients because it may result in misdiagnosis, or other problems such as overlooking drug or food allergies. Ravi further explained that practitioner’s lack compassion may also surface as:

“Being numb to the patient’s lived experience . . . their education. . . not taking any of those aspects into consideration, not thinking about . . . having a open conversation. . .”

Furthermore, according to Maria, manifestations of lack of compassion in nutrition practice involved dehumanizing patients/clients by treating them like nothing but a diagnosis. Maria shared a striking example of her students who were making fun of the patients because of their skin conditions:

“. . . student was there in the room . . . taking pictures of the patients.” The students were saying: “you see that patient? He has, like the skin is like a rock”

When Maria noticed this lack of compassion towards the patients, she took the students aside and made them realize that the patients are human and not just a diagnosis, she said: *“what are you talking about? This is a patient. So, you have to treat them with respect and you are not telling that he’s a kidney or that he’s a heart or that he’s a liver. . . you will learn their names and just treat them as a person, not as a liver, or not as a kidney.”*

Both Ravi and Maria highlight that not treating patient/client as humans with their complex and unique circumstances is lack of compassion and it negatively impacts the quality of care. Moreover, several participants noted that practitioners sometimes are disinterested in the success

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of the intervention and that is also a manifestation of lack of compassion. Sophia explained this as:

“They {practitioners} will not be genuinely concerned about the goals of their clients and there are a lot of them. Yeah, they are not concerned. They're just doing their jobs. So . . . whether or not you {patient/client} follow the prescribed meal plan . . . it's up to you {patient/client}.”

Along with a sense of indifference, Sophia also hints towards a sense of judgement from the practitioner towards the patient/client:

“You {patient/client} come back. You did not follow it {prescribed meal plan} up . . . your health indicators are up, in weird and awkward states, that's you. You did not follow up. . . .”

If the intervention is not successful as per the practitioners, and their response to that is judging or blaming the patient/client rather than redefining the intervention, it is another manifestation of lack of compassion. According to Candy, nutrition professionals need to be compassionate towards their patients/clients because starting something new comes with its unique challenges. For many individuals it may require stepping out of their comfort zone and in those circumstance, it is practitioner's responsibility to ensure that *“they {client/patient} understand that they have to do it. And it will be good for them. Not mocking them or not blaming them or not making them think that that it is their fault, so they are in this position {suffering from health problems}.”*

Furthermore, several participants noted that practitioners sometimes disregard the patient/clients background and preferences that might seem trivial on the surface but are deeply meaningful to the patient/client (another manifestation of lack of compassion). That disregard perpetuates the stereotypes against nutrition professionals and demotivates patients/clients from

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seeking nutritional/dietetic care because they perceive nutrition professionals as food police (someone who is going to dictate and control their food intake). Olivia hoped for compassion to resolve this:

“. . . they would, I hope, receive better care through a provider that's being more compassionate to them and their circumstances. But I think not being compassionate can turn people away from the profession. Which ties into . . . the stereotype of who people think dietitians are. If they think that we're not caring and compassionate, why would they come see us? Like if they think we're just going to be the food police or tell them, you know, what to eat and what not to eat. Umm, I don't think anyone would want to go into a conversation with someone like that. Like even if you do eat a very healthy diet, yeah.”

Olivia's comment offers the insight that lack of compassion in nutrition practice can perpetuate the stereotypes against dietitians driving people away from seeking care. This could be harmful to both the practitioners and the patients/clients. These consequences are further explored in the sections below.

4.4.4 Consequences of Lack of Compassion

When practitioners are not compassionate to patients/clients, this ties into several other themes under the umbrella of this global theme that talk to consequences of lack of compassion in nutrition care. To elaborate, a consequence of lack of compassion in nutrition practice is skepticism and uncertainty about practitioners' expertise to solve the patient's/client's problem/s. Reinforcing this point, Olivia stated:

“. . . you need to be able to meet someone where they are and if they perceive that you don't have an understanding or like I think as a patient if you get the reaction that someone really doesn't understand what it's like to be food insecure, you could kind of say oh, they don't know what they're talking about, like they can't really help me.”

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The skepticism and uncertainty may also stem from previous negative experiences with a practitioner lacking compassion or lack of understanding of nutritional interventions in general. Regardless, if an individual experiences lack of compassion from a practitioner, it may negatively impact their adherence to the intervention. In the words of Elisabeth:

“If you're not putting compassion into the consults, that person might not be as likely to perform the behaviour change that you're asking them to, or that you're trying to guide them towards making, or they might not be as involved in the person-centred care because you're not really tying them into that because you're not being compassionate . . .”

Elisabeth believed that lack of compassion affects the healthcare outcomes by impacting the adherence to the intervention. Similarly, most participants believed that lack of compassion negatively impacts healthcare outcomes for the recipients in one way or another.

In a comparable way, River suggested that the lack of compassion may negatively impact the nutrition professional as well. Negative impact could be in the form of lack of career success and possible financial implications:

“. . . probably they {patient/client} won't refer to you for the second time. So, it has financial issues for us {practitioners}”

Sara builds on River's point of view and explains that lack of compassion may hinder career success for nutrition professionals:

“I think that the lack of compassion can completely devastate or ruin anything in a health system. If you don't have any compassion, you cannot be successful person because you don't have any understanding of the person. You don't have the sense of understanding the feeling of the people. If you don't have the feeling of understanding a different kind of people, you cannot help disease, and ultimately you cannot be successful in your job.”

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Elizabeth makes the same point using a food service perspective:

“Well, your lack of compassion might essentially prevent, it might translate through your messaging and whatever you're doing. So, if you're changing a menu item to something that's gluten free but you're like, making it something that people won't like, those, the uptakes are not gonna be good. Like, you're not, people are not going to be interested in taking that food”

To summarize, lack of compassion is not only harmful for care recipients, but it is also harmful for the practitioners who are not compassionate to their patients/clients.

4.4.5 Benefits of Compassion

Compassion has many benefits in nutrition practice, both for the patient/client that receives compassion and for the nutrition professional who extends it. Compassion enables more inclusive care, increases patient/client responsiveness and adherence to the intervention, helps the patients/clients and practitioners align their expectations from the intervention. Isha commented on compassion's role in ensuring adherence to the intervention by her own example:

“when it comes to nutrition, compassion is really important. Maybe because I'm from a different country, I believe if I go to a. <long pause> When a person is not compassionate, if I go to a dietitian or nutritionist, who is local or I can say from this country, I'm not sure how well they will understand my necessities of diet. Like I said <participant laughing> I feel like rice is important to me. Rice is important to me, but when I go to a dietitian or nutritionist, I'm not sure how well she will recognize why is it important to me or how important it is to me. I, so, that is where the compassion part comes, and if I let her know that it is important to me. But she's like: I don't understand why? That part, it is there where the compassion.”

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Isha's idea that compassion increases responsiveness and adherence to interventions is reinforced by Maria:

“. . . if you're compassionate and they trust you and they want to go with you again, it can be more efficient and effective because probably they have questions after the first session so they can come back and then you can reinforce what you told them about the treatment.”

One possible reason for increased responsiveness and adherence to interventions was better alignment with patient's/client's expectations from the practitioner and the treatment. Isha touched on it when she said:

“. . . when it comes to the nutrition and diet . . . some people's attachment to the food might be different. So, we have to make sure when we are learning such a course or when we are working in a field like that, we have to have the elements of compassion because . . . Food is a very big part of our life. . . . So, compassion is really important to know what other person is also looking to you when it comes to their diet.”

Apart from aligning expectations, compassion may benefit nutrition practice by bridging the power dynamics between the individuals involved and allowing for better communication. This goes hand in hand with building trust, rapport and maintaining relationships, and thus supporting patient-centred care. Olivia describes it as follows:

“. . . when you're a dietitian, I mean, you have a sense of power and privilege because you or even like nursing or any other medical profession . . . you have a sense of uh, power privilege because you're in a position of power. . . . So like, as a provider in general or as a doctor, you have a sense of power because someone is being so vulnerable in that scenario, and depending on the situation, like, you do have a sense of power, privilege, and deciding . . . the care that they receive. . . . I see compassion in that, power dynamic as

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being a way to bridge it. Like in the sense that, not that it would actually bring you down like to their level, but I think it helps both of you feel like you're on more of the same level when you, when you treat someone like a person and not like a diagnosis or a disease. Umm. . . . I mean, you can never fully remove it, especially with different people's, the providers' intersectionality, the patients' intersectionality. But I think having a sense of, compassionate, compassion definitely helps you see more eye to eye"

By bridging the power dynamics, compassion helps the practitioners in gaining a better understanding of patient's/client's experiences and challenges. Ravi explains this as:

" . . . you see practitioners who are uncomfortable with addressing like, okay, or like knowing how to approach someone whose, whose diet, like, they're from the Middle East . . . I see dietitians just trying to give them what we give every North American and it's like well, that's not gonna work for them. So, like you have to take them, you have to be aware of where this patient is from, and the compassionate approach is to find . . . resources for that patient in particular and not just giving them the generic North American approach."

While Ravi focused on the important role compassion plays in inclusive care for the diverse population, River further elaborates that this leads to a better overall experience for the patient/client and ultimately leads to more clients and referrals for practitioners:

" . . . it remind me about some of my colleagues at my country. Some of them are very, very kind, very, very smiley. Okay. And they had more clients, more patients every day in their office. Okay. But vice versa. One of them, um, was so serious and they didn't take time for the clients or just, and also . . . she was silent most of the time just here <participant pointing towards her head> just there and just, for example write a note and order their diets and she, in fact, the client who are referred her was less than the another colleagues"

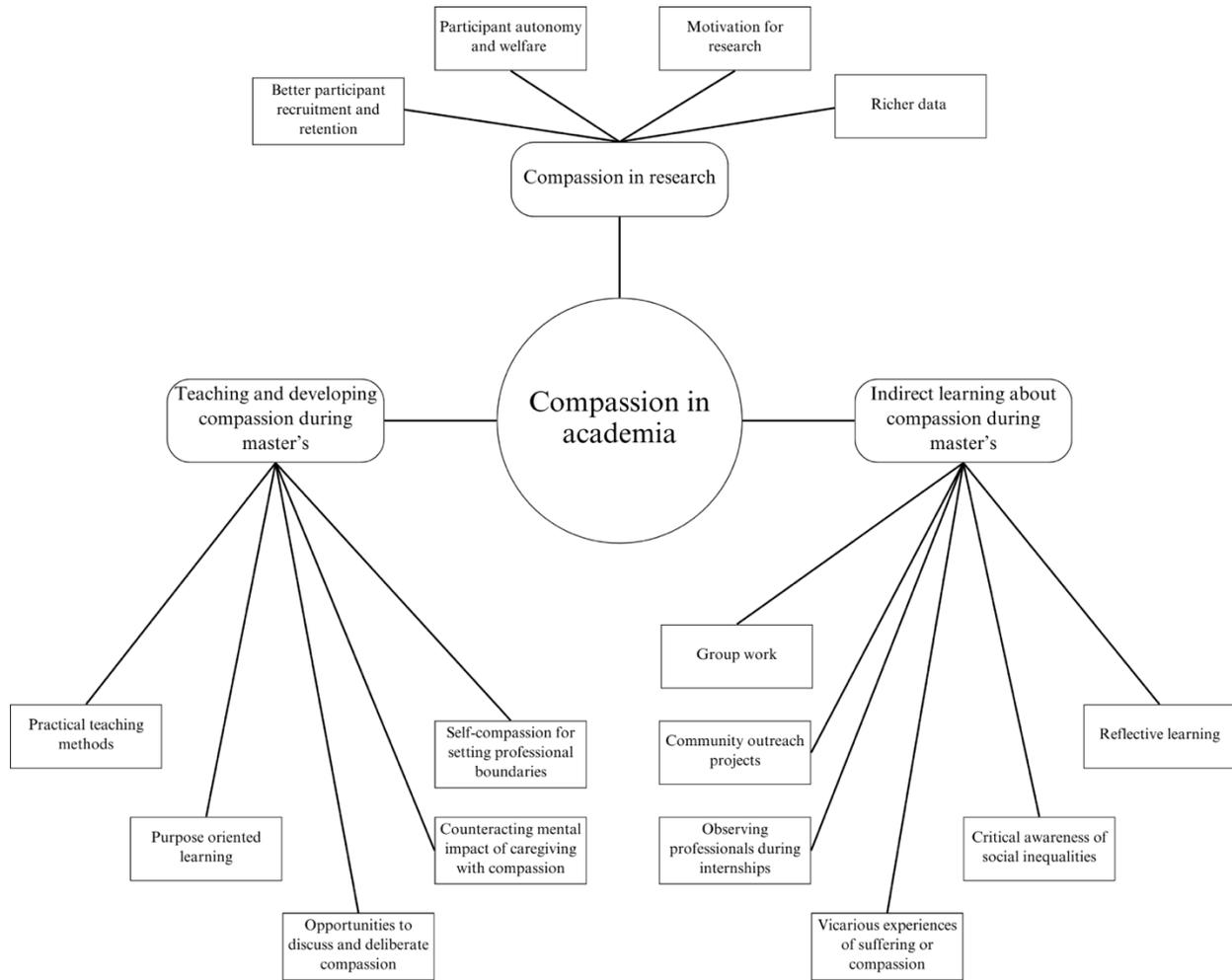
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To summarize, this global theme delves into the multifarious nature of compassion in relation to nutrition practice. Participants discussed the different ways in which compassion and self-compassion may manifest in nutrition practice both for the practitioners as well as the nutritional care/service recipients. This global theme also elaborated the contrasting themes encapsulating several ways in which lack of compassion may cause harm, while presence of compassion may benefit to the individuals and the healthcare system as a whole.

4.5 Global Theme 3: Compassion in Academia

This global theme delved into compassion in academic context through three organizing themes focusing on research, indirect learning about compassion during master's, and potential avenues for teaching and developing compassion among nutrition students during their master's (as shown in Figure 4). The section below explores these three organizing themes in more detail.

Figure 4



Note. This figure illustrates the hierarchical structure of themes that emerged from the data analysis. Basic themes are represented by rectangular boxes; these were then grouped into organizing themes, depicted by rounded-corner rectangles. The central circle represents the overarching global theme.

4.5.1 Compassion in Research

The emergence of the organizing theme concerning the role of compassion in research was rather unexpected, nevertheless reasonable considering participants were master's students/graduates. To explain further, many participants associated compassion in an academic

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setting with participant recruitment and retention. Jia articulated that compassion helps with participant recruitment because it allows the researchers to understand the participants' feelings and emotions, enabling them to better connect with them:

“Well, since I need to begin program I need to contact with many participants and if I don't have the compassion I cannot really understand and show the common feeling and common emotion to them. And they may not, they may reject my invite . . . may have difficult to find enough or find good enough participant.” He added: *“If lacked the compassion some of the participant they cannot be respect. They cannot be treated well and they will escape from the program. Also the program will lose the good opportunity to collect the data.”*

Further, Jia highlighted the importance of compassion in data collection. In his viewpoint, compassion contributes to the richness of data. He elaborated how rich data would address the realities of wide range of socio-economic statuses within a population; and the pivotal role researcher's compassion plays in designing the studies or programs that would seek insights into the realities of all the subsections of the population. When asked about the impact of lack of compassion on research, Jia expressed concerns about the ethical implications of lack of compassion while conducting research, particularly when it involves vulnerable populations such as low-income families. The following quote illustrates his thoughts:

“And so sometimes some people really did not have money . . . that may let the study more focus on the rich people, but I think the very emergency the nutrition practice is to focus on the every salary or the low salary person. So, if lack of compassion, you led the program not in very a good way to make a believed result or conclusion.”

While interconnecting participant dropout, feeling disrespected, and the loss of valuable data; he suggests that a lack of compassion can negatively impact the quality of research. If

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participants feel disrespected or mistreated, they may not provide accurate or reliable data, which may undermine the validity of the research findings.

Similar to Jia, many participants related compassion in research with ethical considerations involving human subjects such as respecting participant's autonomy and ensuring their welfare. Santosh expressed it as a need to see humans as humans and not objects:

“... if the researchers were to not really care about the feelings of that, of the participants, and basically not, or like, basically, treat them as an object like a lifeless object on which they are just performing some random tests. Umm, it is possible that those participants might feel that, the study, the research that they are, umm, participating in, it doesn't really, umm, benefit, maybe that's not the word, or like, it doesn't really matter to their suffering.”

He further elaborated on participant's viewpoint when the researchers are not compassionate:

“Because to them, it might feel like that they're just going to be experimented upon. Maybe the researchers might test some drugs or something on them and not really care how they actually feel about whatever it is that is being administered upon them. And they might feel like an object, or maybe a lab rat who cannot speak anything.”

He continues to share the contrasting scenario where the researchers are compassionate to the participants:

“But, umm, imagine another scenario where the researcher is kind of really interact with the participant, the can- cancer patient and you know at every stage of the, umm, this, ammm, that research treatment right? Of every stage of that treatment, ammm, experiment, right? Ammm, the researchers are really involved in making sure that the participants are doing okay, they're not in any mortal danger, umm, and just taking note of everything

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that happens around or regarding the participants. That would make a difference in the outcome. . . . So yeah, it would make, If not the same level of difference, but closer to that level of difference with compassion in healthcare or in research, even, you know. So yeah, I think compassion is important.”

Moreover, participants acknowledged that a researcher’s compassion impacts all aspects of the research from the motivation behind the research to its contribution to the world. Olivia shared that her own research journey stemmed from compassion as she understood the difficulties faced by certain individuals and wanted to alleviate that suffering through her research. She expressed this sentiment in the following quote:

“. . . this interview has really reminded me of . . . why I've gone into research . . . and I think it's how we make nutrition and life better <laugh> by being more compassionate.”

4.5.2 Indirect Learning About Compassion During Master’s

Participants discerned that although they did not learn about compassion directly as part of the master’s curriculum, there were several instances that embedded compassion indirectly into the curriculum. One of the ways in which the master's degree in applied human nutrition may allow students to understand compassion was through reflective learning opportunities. Reflective learning encourages students to critically analyze their life experiences and positionality in relation to the course content; this fosters a sense of deep understanding and compassion. Ravi reflects on this when she said:

“I feel like, we don't learn so much about compassion, but, like, directly, but like, in a roundabout way, we learn why society is the way it is, and that kind of like helps our ability to understand why, like, why things are happening the way they are and be able to approach, like, you know, approach clients or patients or like other colleagues with a more compassionate lens.”

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The core idea presented by Ravi is also connected to learning about different viewpoints and situations that people face in their lives. For example, two of the most common topics that embedded compassion indirectly into the curriculum were food insecurity and social inequalities. As participants had exposure to these topics in one course or the other, they associated those learning with learning about compassion because it gave them perspective into someone else's life's reality and vicarious experience of their suffering. In the following quote, Maria is commenting on one of the courses that helped her gain that perspective and vicarious experience:

“ . . . she {the course instructor} gives you the insights of what you need to like to think, like the awareness you need. In order for yourself to know what's wrong in the world, like what things that surround us need to be improved. So, in that way, she gave us these tools. So, then you yourself can find a solution and doing this, of course, the solution will be being compassionate about others, like in very different ways that you can. You can do this, but it will come for yourself or from your perspective.”

On a similar note, Olivia shared an example of a conference she attended during her graduate studies that helped her learn about a pregnant person's lived experience and gain profound vicarious insights. She saw this as indirect learning about compassion, since that experience left her with a feeling of deeper understanding, and capable of being compassionate:

“ . . . there was a session where it was just a round table of them sharing their experiences, umm, and providing insights on to how they hope like directions for future research, or how they hope that researchers can connect and listen to people more, umm. And that was really eye opening because it gave me a greater sense of compassion. For example, there was a patient who shared about . . . some experiences she had through a pregnancy and living in a larger body, and it just gave me . . . specific example of experience that she had encountered, and it just gave me such a greater sense of understanding. Not that I didn't

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have at all, like, already in some ways, but just like a greater sense of understanding of, what, different life experiences, I guess, or things that people have gone through. Umm, and yeah, having those people with lived experience at the conference and really having them embedded in all the activities that the researchers and grad students and professors were doing, I felt like really gave for me, I took away with a greater sense of compassion.”

Additionally, in some courses, they were given an opportunity to alleviate that suffering through volunteerism, community outreach projects or other activities. Maria reflected on this in her comment:

“. . . I think that each course have probably taught me something about compassion. So, for example, with <professor's name>, like in her courses. Probably I have I learned a lot about being compassionate in the way that you will work on community and when you do that and you will try to find the needs of other people, so, you can, umm, close the gaps that they have . . .”

Furthermore, some students gained compassion through engaging in group work. Especially, international students who found group work as a unique aspect of their master's degree compared to their undergraduate degree in another country. Ash reflected on this in her comment:

“. . . while we are doing the group work or assignments or, you know, the particular work that, I can see from my group members and friends, you know, uh, dividing few works and whatever we can do. This, you can do, this, you can do and sharing the knowledge among us. And if we are facing any problems within the group . . . whenever I'm feeling nervous or whenever I'm feeling, you know, ohm with some good points, I'm able to share with them and they are able to share with me and it's like working together and, you know, being support to each and everyone in the team, I'm learning these things

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here and it's actually quite good to go. Uh I, uh, I what I'm thinking is like compassion is something, uh, it's a word to work together.”

That aside, most participants associated working in a team or group with compassion, where mates understood each other’s challenges and tried to help and achieve the shared goal. Comparatively, students who had done an undergraduate degree in nutrition or nursing indirectly learned compassion as part of their professional internships where they had the opportunity to observe other practitioners' compassionate approach towards patients/clients. Olivia expressed this in the following quotes:

“. . . I have one experience from my clinical internship was I was doing a two week affiliation in a diabetes clinic. . . . And that dietitian that I was shadowing was incredibly compassionate . . . that was really great to see as an intern like it, umm, inspired me in the sense that, like, we can truly make a difference I hope in people's lives and hopefully make things a little bit easier.”

4.5.3 Teaching and Developing Compassion During Master’s

Turning now to the organizing theme of teaching and developing compassion during master’s. Participants proposed several ideas and recommended ways to enhance the nutrition curriculum with compassion. A simple one being the addition of opportunities to discuss and deliberate compassion as a concept or approach to nutrition practice. Many participants recognized the interviews for this research as an opportunity to deliberate compassion and expressed a sense of reflexivity and gratitude. Candy expressed it as:

“. . . I just love the concept that you are asking these questions, you know, to your participants and you are kind of doing this. I think this might also bring a lot of insight to the participants too on what they did or what they are doing or how they want to, you know, change themselves or make themselves helpful to others, you know? . . . Like, maybe people

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might realize it later that they have just been pitiful to others but not compassionate, you know?"

The majority of the participants recommended practical teaching methods as method of choice for developing compassion among students. Practical teaching methods such as demonstrating real world compassionate communication, role-playing and hands-on projects may allow students to develop compassion. Emily's account underscores the view that practical methods are preferred for learning compassion over theoretical learning:

"Compassion is actually . . . practical thing. It cannot be taught in words, but it can be, like, it can be taught through role plays or any activities or yeah, group discussions, something like that. But it's not a kind of theoretical thing that we can learn from the textbooks. It has to be like we learn what our seniors or what our teachers, they show us. If our teachers will show, like, they will, what we can say, they will do activities or any practical for showing compassion. Then we as their students, will do the same thing. So the compassion is learned in practical it's according to me, it's not a theoretical thing to learn."

Moreover, purpose oriented and qualitative ways of learning such as case studies and group discussions may enhance students' understanding of worldviews that differ from their own. Resulting in learning grounded in their values and purpose in life. Olivia expressed this through an example from her course work where the professor shared their experience with compassion:

"For me, something that comes to mind is there is an example that <Professor's name> often I think provides in her <course name> course where she talks about a dietitian and I don't know if she uses the word compassionate, but she tells a story about how someone in her family think it was her father or something had experienced a cardiac event and she tells us about how that dietitian was, and I don't know if she used the word compassion,

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but my understanding was that that dietitian was very compassionate to her and her family and her dad, and that meant a lot to her.”

She further continues to emphasize the importance of learning to be compassionate as a nutrition care provider. She touches upon the power dynamic between the care provider and the recipient, making it crucial for the provider to understand and practice compassion:

“And I think we need more of that and stories like that about how it's really meaningful to patients and their families is really important because yes, you're around people who are in very vulnerable states and like we should, that should be just human decency to be compassionate and understanding in those scenarios for them. Because it is a sense of, like power and privilege that you have when you are with them in those scenarios or interactions.”

Another important recommendation from the participants was about incorporating self-compassion into the curriculum. Particularly focusing on the application of self-compassion for identifying and establishing professional boundaries. This recommendation emanated from participants' professional experiences as nutrition practitioners, they desired to have learned about self-compassion in relation to setting professional boundaries as part of their curriculum rather than suffering through bitter experiences (of inappropriate patient/client behaviour) as inexperienced practitioners when they started their journey. Ravi shared this idea by saying:

“I think it's so important for new practitioners to be able to do this for themselves and understanding like, okay, well, I feel this way because this happened and how do I prevent that feeling from happening again, or how do I make a safe space so that if I do experience that, I know how to address it. Umm, and that I think, that part is, can, like, it kinda like motivates you on how to, to create a more, like, to create a better space for yourself.”

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Ravi shared her own experiences and identified self-reflection as a means to develop compassion for others and herself:

“So, by being self-reflective you are creating a space for you to be compassionate to yourself. And in those reflections you're able to grow and to, umm, recognize how, how things are affecting you in the bigger picture.”

Learning self-compassion for setting professional boundaries coupled with learning about compassion towards patients/clients could help students develop their personal approach to managing the mental impact of caregiving. Olivia expressed this through the following quotes:

“I think normalizing that compassion is a part of practice and healthcare is really key as well. Umm, so I think instilling that in training for dietetics and other professions as well is really important. Umm, because we might not touch on enough how, thinking back to like how giving compassion impacts you. Like, I don't think we touch on enough about how seeing people in such vulnerable states can impact you emotionally, especially if, uh, well, sometimes if anyone in your life like you can think of an example that it has experience to you that can impact you emotionally, but also it's just like you're around some people, especially like in hospital setting. I find like in acute care, you're around people who may have just had a heart attack, like how can you be compassionate in that example?”

In conclusion, this global theme accentuated compassion as a valuable aspect of nutrition education. While nutrition students learn about compassion in indirect ways, the need for more direct and intentional learning was recognized by the participants.

4.6 Summary of Results

Several themes emerged as a result of this research that indicated nutrition students' understanding and knowledge of compassion. Participants' descriptions of compassion were then categorized into three main contexts. One context was day-to-day life, full of examples about

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parenting, culture, religion, and society in general. All data that related to compassion in day-to-day context was categorized under global theme one: Compassion in Life. A second context in which participants described compassion was nutrition practice, particularly diet counseling. Participants' responses that centred on nutrition practice were grouped under the second global theme: Compassion in Nutrition Practice. The third context that participants used was related to research, teaching and learning compassion. These examples and discussion were grouped into the third global theme: Compassion in Academia.

Overall, this research uncovered the knowledge and understanding of compassion among nutrition students. Participants advocated for the incorporation of compassion into nutrition practice and education. This research also suggests a growing recognition of the essential role of compassion in the field of nutrition, both within and beyond the classroom.

4.7 Triangulation

Triangulation was achieved in three ways in this study. First, course outlines of relevant graduate level courses were analyzed to achieve triangulation. The purpose of this analysis was to detect instances of mentions of compassion or compassion-related concepts in the curriculum, which was then compared with the data gathered from the participants' interviews about their experiences or knowledge of compassion gained as a result of their study in the program in Applied Human Nutrition. Second, thesis supervisors reviewed and assessed the quality of the analysis conducted by principal investigator. Third, after the data analysis, key findings were shared with the participants in confidence, and participants were asked to respond to the findings and conclusions drawn from the interviews. A more detailed account of all three ways of triangulation is given in the following sections.

4.7.1 Triangulation of Sources

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Participants used several words to describe compassion during the interviews — the words included: kind, help, care, love, empathy, support, respect, pity, passion, caring, connection, service, sympathy, trust, comfort and patience. To achieve triangulation of sources, 23 graduate level course outlines of the courses that participants took were analyzed using document analysis.

As step one of document analysis, initial review of the course outlines, none of the above-mentioned words were found in the relevant context in any of the course outlines. In only one of the course outlines, compassion was mentioned in relation to understanding psychological therapies used within nutrition/dietetics, such as Mindful Self-Compassion, Acceptance and Commitment Therapy, and Compassion Focused Therapy.

As step two of this analysis, a thorough reading of the learning outcomes/objectives sections of the course outlines was done. Thereafter, the observations from the course outlines were interpreted and compared with the data gathered from the participants' interviews about their experiences or knowledge of compassion gained as a result of their study in the Graduate Applied Human Nutrition (GAHN) programs that includes the MAHN and the MScAHN. Although there were no direct mentions of compassion (except the one noted above), most of the course outlines referred to critical thinking or critical analysis or critical evaluation in a variety of contexts. Social justice was the predominant context in most of those instances. This is noteworthy because participants recognized critical awareness of social inequalities as one of the ways they indirectly learned about compassion. Another noteworthy finding was that most course outlines included opportunities for reflective learning, which is another way participants identified learning compassion.

To conclude, findings from document analysis of course outlines are consistent with the participants' expressions during the interviews, suggesting that the curriculum did contribute to the participants' understanding of compassion, however, in an indirect manner. This may also mean

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that the curriculum may have contributed to participants' understanding of compassion, but it may not have been a major influence on their understanding or knowledge of compassion. Moreover, the intent of the curriculum was not to develop compassion in students.

4.7.2 Analyst Triangulation

To achieve analyst triangulation, thesis supervisors, Dr. Phillip Joy and Linda Mann, reviewed and assessed the quality of the analysis conducted by principal investigator. As part of the expert review process, they independently reviewed the data analysis of the data from the participant interviews. Thereafter, a collaborative review meeting was organized to review the themes and theme development process in detail.

As part of the review meeting, principal investigator was asked questions to explain the theme development process and rationales behind several themes. Moreover, supervisors provided constructive and critical feedback to ensure that all the interpretations were grounded in the data. Their feedback was also instrumental in refining the thematic networks. As a result of expert review meeting and the insightful discussions that took place there, the initial themes were merged into three overarching global themes. Several themes were rearranged and merged to ensure the robustness of the findings and strengthened the overall coherence of the analysis.

4.7.3 Analytical Triangulation

To achieve analytical triangulation, key findings of the analysis were shared with the participants using Data Analysis Review Form which was a Microsoft Form (see appendix L). A response rate of 71% was achieved since 12 out of 17 participants completed the form.

Using that form, participants were asked to respond to each organising theme by selecting all the basic themes that they agree with. They were also given the option to share their overall agreement or disagreement with each organising theme. Since participants could not see each other's responses, confirmation bias was mitigated. Additionally, the process of agreeing or

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disagreeing with a basic theme involved choosing to check the boxes in from of the theme, the tendency to choose the path of least resistance was mitigated, enhancing the reliability and validity of this study.

Microsoft Form generated automatic report indicated that most participants agreed with the results of this study (see Appendix M for analytical triangulation data on participants' agreement with themes). Participants' feedback on the themes ensured that all the interpretations were grounded in their reality.

Chapter 5: Discussion

Compassion is multifarious, this means it can take many different forms and can be expressed and experienced in many different ways. This complex and multifaceted nature of compassion was made evident through the main findings originating from this study aimed at describing knowledge and understanding of compassion among nutrition students. The three global themes express nutrition students' understanding and knowledge of compassion focused on three main contexts, namely day-to-day life, nutrition practice and academia. The section below discusses the implications of the results of this study in relation to the relevant literature and research aim.

5.1 Strengths and Gaps in Nutrition Students' Understanding of Compassion

While the aim of this research was exploratory of knowledge and experiences of compassion among nutrition students, one of the anticipated benefits of this research was to identify the areas of strengths and gaps in nutrition student's understanding of compassion and related concepts. Results showed that there were several similarities and disparities between literature and nutrition student's understanding of compassion.

First and foremost, several similarities and differences were found in the definition of compassion. Participants described compassion in distinct ways, sometimes it was described as altruistic, and self-less and other times simply as an effort to understand others. Even though participants' understanding of compassion branched far away from the definitions found in literature—such as “the feeling that arises in witnessing another's suffering, and that motivates a subsequent desire to help” (Goetz et al., 2010, p. 351)—there were always undertones of helping and supporting another human being in their understanding of compassion.

In literature, compassion is a result of witnessing someone's suffering, coupled with a desire to help them (Strauss et al., 2016). However, according to nutrition students, compassion

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may or may not rely on witnessing suffering. Being compassionate to others can be a personal behavioural choice that is independent of the suffering of others, to exemplify: many participants described their family influence and traditions as the reasoning behind their compassionate behaviour towards others. This understanding of compassion agrees with the results of Gilbert (2015), who highlights that compassion is a pro-social behaviour and those play a role in caring for one another individual, form friendships and trust, and form social memories, all of which extend beyond responding to suffering.

Simultaneously, participants recognized the additional step of alleviating others' suffering as a unique characteristic of compassion that makes it go beyond mere empathy. Although most participants recognized the difference between empathy and compassion, they sometimes used these terms interchangeably. As noted by Jeffery (2016) and observed during the interviews for this study, the interchangeable use of terminology led the participants to describe other related concepts, such as kindness, generosity and patient-centredness, while attempting to share their understanding of compassion. Regardless, participants acknowledged compassion as a positive, beneficial, and humanistic quality that may or may not relate to recognizing and addressing suffering and is necessary for not only the betterment of healthcare and nutrition care but also humanity as a whole.

Another significant learning from the results of this study was participants' perception of compassion as cognitively energy consuming and sometimes tiring as a result of the emotional experience of another person's suffering. These perspectives have been highlighted by Scheffer et al. (2022) as the reason for refraining from expression of compassion. An additional reason behind the perceived cognitive cost of compassion stems from the understanding that compassion involves some form of action to alleviate the suffering of others. Taking that action could be classified as an addition to a person's already hectic schedule. This observation was prominently made when

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participants described some health professionals' inability to be compassionate as a result of their hectic schedules and work overload. Malenfant et al. (2022) observed the increasing agreement in the literature that compassion involves proactively acknowledging, engaging and responding to other people's suffering. Situating this understanding of compassion in the life of a participant of this study who is juggling multiple jobs with graduate level workload, personal responsibilities and circumstances, the perceived expensiveness of compassion is perspicuous.

While some individuals find compassion a cognitively expensive endeavor, others find it fulfilling, this observation was made when participants described benefits of expressing compassion. Experience and the result of being compassionate to others may vary from individual to individual based on their upbringing, understanding, beliefs and life circumstances. This is especially true in light of the fact that compassion is not universally experienced and understood as a specific phenomenon. This notion that compassion is cognitively demanding may impact the expression of compassion in dietetic practice and healthcare by making practitioners reluctant to express compassion.

5.2 Compassion in Nutrition & Dietetic Practice

Participants identified compassion as a valuable aspect of nutrition and dietetic practice. What makes compassion especially relevant to nutrition and dietetic practice is the fact that food is not merely a source of energy and nutrients, it is deeply personal and central to a wide range of human experiences related to culture, religion, family, relationships, and community (Brugiatelli, 2024; Broad, 2016). This centrality of food to human experience mandates the nutrition and dietetic professionals to operate with compassion because they are working with a deeply personal yet social aspect of an individual's life.

In their narrative review of challenges and perspectives in nutritional counselling, Vasiloglou et al. (2019) discussed the high dropout rates in dietary interventions and the influence

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of personal, economic and psychological factors leading to lack of adherence. Compassion offers a solution to these problems by enabling a trust and respect based humanistic interaction between the care provider and the patient/client. Whether it is influencing their food choices through awareness campaigns or creating a diet plan for specific diagnosis, practitioners are aiming to implement a personal change for their clients/patients. Based on the participants' responses, if practitioners operate with compassion, it will not only make the change easier for the care recipient but also ensure that they adhere to the advice they are receiving.

Participants in this study linked the increased adherence to dietary intervention with feeling heard by the practitioners because of their compassion. Since a compassionate practitioner would give the patient/client non-judgmental attention and space to learn and participate in a caring and supportive environment, it will allow the patient/client to trust the practitioner and manage their relationship with food in a more holistic manner. This makes compassion particularly important in nutrition and dietetic practice considering the findings of Aphramor and Khasteganan (2016) where patients felt that dietetic consultations reinforced their difficult relationship with food.

Furthermore, participants described that compassion contributes to patient-centred care by aligning patient's and practitioners' expectations from the intervention as it allows for open dialogue by bridging the power dynamics and strengthening a trust and respect-based relationship. As found by Sladdin et al. (2019), patients and clients have different perceptions of dietetic care that need to be bridged. Compassionate communication can play a pivotal role in this interaction by enabling the practitioners to demonstrate a caring, friendly and patient demeanor. It starts with using appropriate terminology that is easily understandable for the care recipient and moves into positive and open body language. Additionally, compassionate communication enables autonomy by allowing patients/clients space for learning and input. Moreover, participants noted that while engaging in compassionate communication, practitioners maintain a respectful and non-

judgmental outlook towards patient's/client's condition and even lack of progress that helps in building a compassionate relationship.

5.3 Compassion in Nutrition & Dietetic Curriculum

The third key anticipated benefit of this research was to inform the development of teaching and learning strategies or curricula for nutrition and dietetics students that promote the integration of compassion into practice. Participants shared that their curriculum did not directly teach compassion, however, they learned about compassion in several indirect ways.

Indirect ways of learning about compassion included group work, community outreach projects, observing compassionate professionals during internships, vicarious experiences of suffering or compassion, critical awareness of social inequalities, and reflective learning. Some of these findings are consistent with the teaching methods suggested by patients for compassion training in a study by Sinclair et al. (2016b) that recommended self-reflection exercises and compassionate role modeling along with person-centred communication. The results from this study build on the existing recommendations by Sinclair and colleagues by bringing in additional ways to learn compassion and the perspectives of nutrition students and practitioners about teaching and learning compassion.

Moreover, participants made several recommendations about teaching and developing compassion during the master's program. Hofmeyer et al (2016) identified a need to investigate how compassion can be made explicit in curricula. Similarly, participants in this study recognized the need for more direct learning, especially for students who might not be innately compassion oriented.

Practical teaching methods such as engaging in real compassionate conversations through role playing was one of the popular recommendations to incorporate compassion in the curricula. This approach is similar to that used by University of Illinois College of Medicine, where they use

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virtual reality software to allow the students to experience the world from the patient's perspective (Howard, 2018).

Purpose oriented learning was another technique that participants suggested to incorporate compassion in the curricula. Some participants reflected that most individuals who decide to be in a healthcare profession such as dietetics have a desire to help those who are suffering. Anchoring that desire to help others and connecting it to learning humanistic behaviours, values and approaches may help students in learning and imbibing compassion in their practice.

Furthermore, participants recommended incorporating learning about self-compassion in the curriculum as a means to establish personal and professional boundaries for the practitioners. This recommendation was a result of their own journey in the healthcare settings where they experienced the negative mental impact of caregiving. Participants recommended that learning about self-compassion and establishing balance between being compassionate to themselves and to the people they care for would be a valuable addition to the curriculum. It will help young professionals prepare for the mental impact of caregiving and empower them with tools to identify and establish personal and professional boundaries when they enter the workforce. As noted by Stamm et al (2021), practices such as establishing transition time between work and home, allocating time for self-care, practicing gratitude help with improving compassion satisfaction. Learning about compassion in the curriculum would help the students find and create their own practices that will help them in preventing compassion fatigue through improving compassion satisfaction.

Last but not least, many participants recognized and appreciated the interview for this study as an opportunity to reflect on compassion and understand its significance in the field of nutrition and dietetics. These realizations led to the recommendations that students should have these explicit opportunities to discuss and deliberate compassion as a concept as it may help them in

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realizing their role as a care provider or help them is developing their unique compassionate lens and strategies to express compassion towards their patients/clients.

Chapter 6: Conclusion

6.1 Strengths and Limitations

This study makes a significant contribution to the existing literature on knowledge and understanding of compassion. Apart from the limited research surrounding compassion in nutrition curriculum and practice; the topic of nutrition student's understanding and knowledge of compassion remained unexplored in literature. Although the focus on nutrition students and the qualitative nature of this study makes an in-depth contribution to the existing literature, it may also limit the generalizability of the results to other populations. To elaborate, one of the global themes addressed the understanding of compassion in day-to-day life, which is expandable to other populations. However, the global themes focusing on nutrition practice and academia are primarily focused on a clinical setting, with only occasional mention of other areas of nutrition practice (another limitation of this study) limiting the results to healthcare and academia.

This research was conducted using qualitative descriptive approach because incorporating participant's perspective was essential. As a strength, this approach allowed to capture accurate descriptions of participant's understanding and knowledge. However, since the analysis was not built upon pre-existing philosophical underpinnings and theoretical frameworks, the exploration of underlying reasons for participants' understanding and knowledge of compassion were limited.

Data from interviews was analyzed using thematic analysis, which is a flexible research tool that provides a rich and detailed analysis of data (Braun & Clarke, 2006). While the flexibility added to the interpretive role of the researcher; triangulation was used to address the subjectivity and enhance the trustworthiness and credibility of the findings. Additionally, results were presented using thematic networks that introduced transparency in the process of theme development and overall analysis.

Participants of this research were fellow students to the investigator, a few of them had taken courses with the investigator. As a result, there was no power differential between the researcher and the participants, allowing the participants to openly share their thoughts and experiences during the interviews.

Moreover, interviews were conducted either on campus or using Microsoft Teams, both of them provided the participants with a familiar experience leading to increased comfort level for both the researcher and the participants. The familiar environment may have positively contributed to rapport building and depth of conversations. This was evident as most participants provided positive feedback on their interview experience when it was not even solicited in any way or form.

6.2 Key Conclusions and Recommendations for Future Research

The results may inform future research, curriculum development, policy development, and guidelines for fostering a more compassionate approach to human nutrition and dietetics. This research provided in-depth descriptions of nutrition students' understanding and knowledge of compassion. These descriptions have implications in three major ways and several minor ways. One of the major implications of this research is that compassion is perceived and practiced in different ways by different people. The difference in attributes such as religion, country of origin, and employment status may lead to differences in perception and practice of compassion; however, compassion is always perceived as a positive, humanistic quality that is appreciated by the recipient. Future research may explore how and to what extent these differences impact the perception and practice of compassion.

During the study, participants suggested how compassion can be incorporated into the nutrition curriculum. One suggestion, as discussed in the results chapter, was to incorporate compassion in the curriculum using practical teaching methods such as demonstrations and role-plays of compassionate interactions. Another suggestion was purpose-oriented learning with

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opportunities to discuss compassion. Future research may explore the impact of these teaching methods both within and beyond nutrition and dietetic education.

Additionally, this research concluded that nutrition students may benefit from learning about self-compassion as a means to identify and establish personal and professional boundaries, leading to improved compassion satisfaction and reduced compassion fatigued. Exploring the impact of learning about self-compassion on compassion satisfaction and compassion fatigue would be a promising avenue for future research. Additionally, future studies may dive deeper into importance of compassion in different practice areas of nutrition other than dietetics.

This and prior research (Scheffer et al., 2022) have revealed that compassion can be perceived as cognitively expensive, which may cause people to refrain from being compassionate. Further comprehensive analysis of perceived cost of compassion in relation to the overall benefits of compassion on an individual's life may be a potential direction for future research.

Data revealed that compassion plays a pivotal role in teams and workplace efficiency, motivation and conflict resolution. Many participants exemplified compassion through experiences of group or team work or collaborations. Further research may provide insights on building compassionate teams and workplace culture. Future studies may also investigate the impact of compassionate teams and workplace culture on employee wellbeing and organisational success.

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Appendix A

Participant Recruitment Email

Good morning,

I hope this email finds you well.

My name is Suhwandany, and I am a master's student at Mount Saint Vincent University, studying Applied Human Nutrition. I am reaching out because I am conducting my thesis project about knowledge and experiences of compassion of nutrition students MSVU. I invite you to help me by participating in my study.

To participate in this study, you must meet one of the following criteria:

- Be a master's student in the Applied Human Nutrition program at MSVU
- Be a recent graduate from a master's program at Applied Human Nutrition Department at MSVU and have graduated in 2022-2023.

I sincerely appreciate your time and insight! Please see the attached poster for more information. If you meet the criteria or should you have any questions about the study or participation, please reach out to me at suhwandany.goswami@msvu.ca.

Thank you for your time and consideration.

With respect,

Suhwandany Goswami

Appendix B

Participant Recruitment Social Media Post

Hi folks!

I am a student at Mount Saint Vincent University, and I am recruiting participants for my study about knowledge and experiences of compassion of nutrition students. Please see the poster for more information and DM me should you have any questions about my study or your participation.

It will be a pleasure to have you on board!

Appendix C

Participant Recruitment Message for Student Groups and Communities

Hi folks, I am recruiting participants for my thesis project. Please see the poster below for more details and let me know if you are interested in participating.

Appendix D

Recruitment Poster



PARTICIPATE IN A RESEARCH STUDY!

Are you a student or recent graduate from applied human nutrition department at Mount Saint Vincent University?

What is the topic?

We are looking at experiences and knowledge of compassion among nutrition students



Interested?

Contact us at suhnandany.goswami@msvu.ca



Who is eligible?

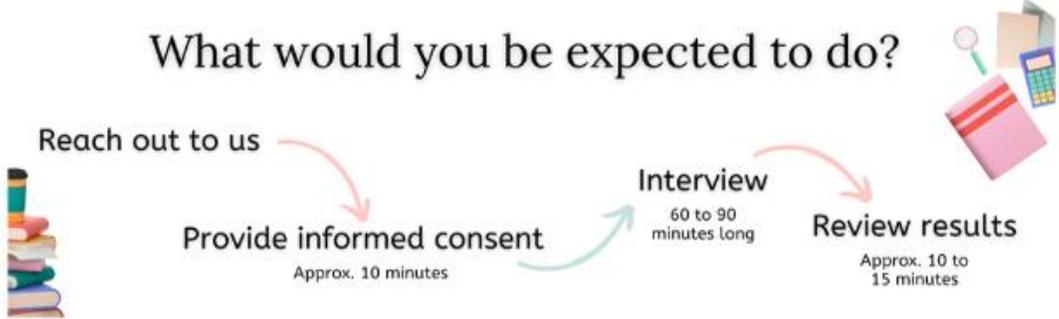
- Current master's students in Applied Human Nutrition department at Mount Saint Vincent University
- 2022-2023 graduates from a master's program at Applied Human Nutrition department at Mount Saint Vincent University

What are the benefits?

- You will receive a \$15 gift card as a token of appreciation
- An opportunity to reflect on your experiences and knowledge
- An opportunity to learn about compassion



What would you be expected to do?



```
graph LR; A[Reach out to us] --> B[Provide informed consent  
Approx. 10 minutes]; B --> C[Interview  
60 to 90 minutes long]; C --> D[Review results  
Approx. 10 to 15 minutes]
```

Appendix E

Interview Guide

Questions	Probes/Follow-up Questions	Enquiry Logic
What does compassion mean to you?	<p>What does compassion feel like?</p> <p>Can you give an example or tell a story to explain what compassion means to you?</p>	To explore their understanding and knowledge of compassion
What do you think influences your understanding of compassion, where does it come from?	<p>Did it come from your culture, family, religious teachings, work experiences, study?</p> <p>How is it influenced by these factors?</p>	To understand why they have their understanding of compassion
Tell me about something you learned about compassion as part of your coursework?	<p>You might want to share something you learned through your study at mount?</p> <p>For example, does the course content teach compassion?</p>	To explore their knowledge of compassion from an academic standpoint
Tell me about your experiences outside of your coursework that have contributed to your understanding of compassion?	<p>You might want to share a time when you witnessed someone demonstrating compassion?</p>	To explore their experience of compassion from an academic standpoint

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	<p>Maybe you would like to share your experience at a seminar you attended, your involvement in discussions or listening to others, your readings, your volunteer and/or work experiences, etc.</p>	
<p>What are your thoughts on the relevance of compassion in nutrition practice?</p>	<p>How can a lack of compassion impact the quality of nutrition practice?</p> <p>Why do you think compassion is valuable in nutrition practice?</p> <p>What does compassionate nutrition practice look like to you?</p>	<p>To explore their knowledge and understanding of compassion in nutrition practice</p>

Appendix F

Information Sheet and Informed Consent Form

Research Information Sheet

Project Title: Compassion in Healthcare: A Qualitative Study Exploring Knowledge and Experiences of Compassion of Nutrition Students

Who is conducting this study?

- Principal Investigator:

Suhnandany Goswami, Student, Master of Science Applied Human Nutrition

Email: suhnandany.goswami@msvu.ca

- Supervisors:

Linda Mann, Associate Professor, Department of Applied Human Nutrition

Email: linda.mann@msvu.ca

Dr. Phillip Joy, Assistant Professor, Department of Applied Human Nutrition

Email: phillip.joy@msvu.ca

Introduction and Purpose of the Study

This study aims to explore the knowledge and experiences of compassion among a sample of nutrition students at Mount Saint Vincent University's Applied Human Nutrition Department.

This study is being conducted as part of GAHN*6691-01: Thesis, to meet the partial requirements for the degree of Master of Science in Applied Human Nutrition.

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Who can take part in the study?

Students in the master's program in the department of Applied Human Nutrition at Mount Saint Vincent University can participate in this study. To be eligible for participation, a student must either be currently enrolled in the program or have graduated from the program in 2022-2023.

What will you be asked to do?

1. You will be asked to read this Research Information Sheet and Consent Form and provide a signed copy of the Consent Form electronically via email or in-person. Once you provide the informed consent, you will be asked to pick a time for 60-90 minutes interview. The preference is that the interview happens in-person. However, you can choose to attend the interview online or in-person as per your convenience.

If you choose the online option, the interview will be conducted using Microsoft Teams and will be recorded and transcribed. It is suggested that you attend the interview from a private location. Prior to the interview, you will be asked to bring a list (soft copy will work) of all the courses (course number and title, semester, and year of taking it) that you have taken or are currently taking in the nutrition program at MSVU. If you have done more than one nutrition degree at the Applied Human Nutrition department of Mount Saint Vincent University, please include in that list all the courses from all the degrees.

If you choose to meet in-person for the interview, the interview will be recorded and transcribed using a device and software respectively. You will be asked to bring a list (soft copy will work) of all the courses (course number and title, semester, and year of taking it) that you have taken or are currently taking in the nutrition program at MSVU. If you have done more than one nutrition

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degree at the Applied Human Nutrition department of Mount Saint Vincent University, please include in that list all the courses from all the degrees.

2. In the beginning of the interview, interviewer will fill the Participant Information Form with your help and aforementioned list of courses will be needed for that.
3. You will be contacted again in confidence to get your feedback on the Data Analysis Review Form. In that, you will be asked to read the data analysis report and see if the report is aligned with the information you provided during the interview. You may want to correct or change the inferences. You may agree or disagree with the inferences. You may also have some other feedback. It is important to note that the changes or correction may or may not be included in the study and is totally up to principal investigators and supervisors to make any decisions related to the feedback provided by you.

Are there any benefits or risks in participating?

Benefits:

- You will receive a \$15 gift card as a token of appreciation for your time and efforts in participation. (You will receive the gift card through email shortly after submitting your response to Data Analysis Review Form.)
- You may feel a sense of accomplishment and helpfulness from participating in this project.
- Your participation may provide you a unique opportunity to reflect on your own experiences and knowledge, as well as gain a deeper understanding of compassion.

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- In sharing your experiences, you may feel that your experiences are valued and important, as well as gain a greater sense of personal control over your life.

Risks:

- This study involves minimal risk. However, there is a slight possibility that you may experience discomfort while expressing certain experiences.

How will my information be protected?

All identifiable information will be anonymized by using a pseudonym in order to protect your privacy. Your demographic information will be collected and discussed in the report but the information you provide will not be attributed directly to you in data analysis or research results.

As part of this research, we may use quotes from your interviews in our publications, presentations and so on. However, any quotes used will be anonymized by using a pseudonym, and your identity will be kept confidential. You may also choose to provide your own pseudonym.

What if I decide to stop participating?

Your participation is completely voluntary, and you can withdraw at any time before, during and up to seven days after the interview without any negative consequences. Your contributions up to the withdrawal will still be transcribed and remain part of the research data unless otherwise stated by you. Withdrawing will be as simple as expressing your intention to withdraw verbally or via email.

How do I obtain summary of the results?

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You can obtain the results of this study by indicating that on the consent form and providing your email.

If you have any questions or concerns, please contact me, and if you want to participate in this study, please sign the attached consent form and send it to me at suhnandany.goswami@msvu.ca.

Consent Form

If you have read and understood the Research Information Sheet, and you wish to participate in this study, please sign this document and/or respond to this email indicating your Informed Consent to participate in this study.

By signing here, I declare that I have fully read and understood the attached Research Information Sheet & I consent to participate in the study titled “Compassion in Healthcare: A Qualitative Study Exploring Knowledge and Experiences of Compassion of Nutrition Students” and I voluntarily want to participate in this study. I also understand that the data analysis report (on Data Analysis Review Form) will be shared with me in confidence, and I agree to maintain confidentiality of the report shared with me and will not share that information with anyone through any means. I have received answers and necessary clarifications to address concerns or uncertainties related to my participation. All relevant information has been provided to ensure that I am well-informed about the study and its implications. By signing below, I also acknowledge and agree to the use of quotes from my interviews in any publications, presentations and so on.

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Participant's Name (printed/written/typed):	
Participant's Signature (Digital/ink):	Date of Signature (printed/written/typed):
Please send the Data Analysis Review Form to this email. I declare that I am the only person who can access this email and any data sent to this email will remain confidential and will not be accessed by anyone except me.	
To ensure your privacy and confidentiality, we will assign you a pseudonym to use in our research materials. If you wish to provide your own pseudonym, please use the space below.	
Please send the \$15 gift card to the following email:	
I wish to receive the summary of the results on the following email:	

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If it is not accessible for you to sign the informed consent digitally because of any reason/s, you can also provide consent in-person or via email. If you are providing consent via email, please include the following information in the email:

1. Please include the following text:

I have read and understood the Research Information Sheet & I consent to participate in the study titled “Compassion in Healthcare: A Qualitative Study Exploring Knowledge and Experiences of Compassion of Nutrition Students”. My participation is entirely voluntary, and this email is meant to be considered as my informed consent. Please consider this email as my informed consent.

2. Please provide an email address to receive the confidential Data Analysis Review Form.
3. Please provide an email address to receive the \$15 gift card.
4. If you wish to provide your own pseudonym, please send it in this email.
5. If you wish to receive the summary of the results, please provide an email for the same.

If you need any assistance or have any questions or concerns, please contact me at suhnandany.goswami@msvu.ca. To connect with an alternative point of contact other than the principal investigator reach out to research supervisor at phillip.joy@msvu.ca or UREB Coordinator at brenda.gagne@msvu.ca.

Appendix G

Participant Information Form

This form has been designed to not collect any personal identifiers, such as your name or email. In order to link your interview responses with your information, a confidential and unique pseudonym will be assigned that only you and the principal investigator will be aware of.

1. Pseudonym:

2. What is your age?

3. What is your ethnic/racial identity?

4. What is your gender?

5. What is your sexuality?

6. Are you a domestic or an international student?

7. What is your place of birth?

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8. Where did you spend most of your life?

9. Do you identify with any religion? If yes, please specify that religion.

10. What is the highest level of education you have completed?

11. Are you employed? (Yes/No)

12. What is your employment status?

- One full-time job
- One part-time job
- More than one full-time jobs
- More than one part-time jobs

13. What is your occupation?

Appendix H

Resource Handout for Participants

RESOURCES FOR PARTICIPANTS

Mount Saint Vincent University's free counselling services for students.

You may scan or click the above QR code.

Free mental health support that is available 24/7

You may scan or click the above QR code.

A talk by Dr. Kristin Neff on self compassion.

You may scan or click the above QR code.

An animated short film highlighting how compassion makes a difference

You may scan or click the above QR code.

Please call 911 if you are physically at risk. If you find yourself thinking about suicide, please call 1-833-456-4566 or text 45645.

Appendix I

Certificate of Research Ethics Clearance



University Research Ethics Board (UREB)

Certificate of Research Ethics Clearance

<input checked="" type="checkbox"/> Clearance	<input type="checkbox"/> Secondary Data Clearance	<input type="checkbox"/> Renewal	<input type="checkbox"/> Modification	<input type="checkbox"/> Change to Study Personnel
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Effective Date	June 30, 2023	Expiry Date	June 29, 2024
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File #:	2023-001
Title of project:	Compassion in Healthcare: A Qualitative Study Exploring Knowledge and Experiences of Compassion of Nutrition Students
Researcher(s):	Suhmandany Goswami
Supervisor (if applicable):	Phillip Joy Linda Mann
Co-Investigators:	n/a
Version :	1

The University Research Ethics Board (UREB) has reviewed the above-named research proposal and confirms that it respects the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* and Mount Saint Vincent University's policies, procedures and guidelines regarding the ethics of research involving human participants. This certificate of research ethics clearance is valid for a period of **one year** from the date of issue.

Researchers are reminded of the following requirements:	
Modification to Protocol	Any changes to approved protocol must be reviewed and approved by the UREB prior to their implementation. Form: REB.FORM.002 Info: REB.SOP.404 Policy: REB.POL.003
Changes to Research Personnel	Any changes to approved persons with access to research data must be reported to the UREB immediately. Form: REB.FORM.002 Info: REB.SOP.404 Policy: REB.POL.003
Annual Renewal	Annual renewals are contingent upon an annual report submitted to the UREB prior to the expiry date as listed above. You may renew up to four times, at which point the file must be closed and a new application submitted for review. Form: REB.FORM.003 Info: REB.SOP.405 Policy: REB.POL.003
Final Report	A final report is due on or before the expiry date. Form: REB.FORM.004 Info: REB.SOP.406 Policy: REB.POL.003
Privacy Breach	Researchers must inform the UREB immediately and submit the Privacy Breach form. The breach will be investigated by the REB and the FOIPOP Officer. Form: REB.FORM.015
Unanticipated Research Event	Researchers must inform the UREB immediately and submit a report to the UREB within seven (7) working days of the event. Form: REB.FORM.008 Info: REB.SOP.404 Policy: REB.POL.003
Adverse Research Event	Researchers must inform the UREB immediately and submit a report to the UREB within two (2) working days of the event. Form: REB.FORM.007 Info: REB.SOP.404 Policy: REB.POL.003

*For more information: <http://www.msvu.ca/ethics>



Brenda Gagné, Research Ethics Coordinator
University Research Ethics Board

Halifax Nova Scotia B3M 2J6 Canada
Tel 902 457 6350 • msvu.ca/ethics

Appendix J

Certificate of Research Ethics Clearance Renewal



University Research Ethics Board (UREB)

Certificate of Research Ethics Clearance

<input type="checkbox"/> Clearance	<input type="checkbox"/> Secondary Data Clearance	<input checked="" type="checkbox"/> Renewal	<input type="checkbox"/> Modification	<input type="checkbox"/> Change to Study Personnel
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Effective Date	May 30, 2024	Expiry Date	June 29, 2025
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File #:	2023-001
Title of project:	Compassion in Healthcare: A Qualitative Study Exploring Knowledge and Experiences of Compassion of Nutrition Students
Researcher(s):	Suhmandany Goswami
Supervisor (if applicable):	Phillip Joy Linda Mann
Co-Investigators:	n/a
Version :	1

The University Research Ethics Board (UREB) has reviewed the above-named research proposal and confirms that it respects the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* and Mount Saint Vincent University's policies, procedures and guidelines regarding the ethics of research involving human participants. This certificate of research ethics clearance is valid for a period of **one year** from the date of issue.

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Changes to Research Personnel	Any changes to approved persons with access to research data must be reported to the UREB immediately. Form: REB.FORM.002 Info: REB.SOP.404 Policy: REB.POL.003
Annual Renewal	Annual renewals are contingent upon an annual report submitted to the UREB prior to the expiry date as listed above. You may renew up to four times, at which point the file must be closed and a new application submitted for review. Form: REB.FORM.003 Info: REB.SOP.405 Policy: REB.POL.003
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*For more information: <http://www.msvu.ca/ethics>



Brenda Gagné, Research Ethics Coordinator
University Research Ethics Board

Halifax Nova Scotia B3M 2J6 Canada
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Appendix K

Data Supporting Each Basic Theme

Global Theme 1: Compassion in Life

Organizing Theme	Basic Theme	Quotes
Genesis of compassion	Self reflection	I think that in order to be compassionate, you have to have a will, like an understanding of yourself like you have to spend time trying to know what you want to do, like with your life. How do you want to treat others.(Transcriptions > 9 Maria: 16)
	Childhood experiences	Like the background, the childhood that you have and the physical environment, most of the time do play a part in building the compassion(Transcriptions > 10 Isha: 146)
	Household and school environment	I think most of our life's, where we are learning things, uhh, we are growing up with our parents, relatives, grandparents and especially schools. So I think that is the, I I think home and school are the main environments. I'm, I'm thinking like according to me because that's where you spend most of your life, like at least till you are 18, I guess, at the least. Maybe after that you might leave to another city, go to college or something like that, but at least still. Yeah. In Indian households at least, still we are 15 or till you're 18, you are home all the time. So I think your environment in the house

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		<p>and your environment at the school matters a lot to grow up and to develop values.(Transcriptions > 5 Candy: 36)</p>
	<p>Self-perception</p>	<p>. . . it's only been within the past couple of years that I have really been able to identify as a bi-racial woman. And before that, I always just identified that I was white. And like, and that, that's not true, like, I am half Lebanese and my dad is fully Lebanese. So it's just like, you know, you, you see how my environment growing up and like different things my dad did or said to us, that, that didn't happen in primarily white households. And that's something that, like, I'm able to relate to patients, and like growing up with, like, you know, Middle Eastern diet, like, aspects of Middle Eastern diet and white diet, I'm able to like speak to patients who are from the Middle East and understand more of what they're saying, like, when they speak to me with, like, Arabic names for food, because that's all I know in Arabic is food, like, I actually know what they're talking about. And it's like, you know, recognizing that, that's something that I'm able to do</p>

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		<p>and my white colleague isn't. Like, as in, like, being able to help them as well be more aware but like that was an awareness for me that I think has helped my, but also like my compassion for my colleagues, and, like, how I can teach them and how I can, like, share my learnings with them.(Transcriptions > 8 Ravi: 123)</p>
	<p>Vicarious experiences</p>	<p>I haven't experience being pregnant, umm, but hearing about her experience gave me a deeper sense of understanding of what she experienced.(Transcriptions > 7 Olivia: 75)</p>
	<p>Identity</p>	<p>. . . I think like who you are, I mean with any topic I have a deep belief that like your demographics . . . how you identify, your upbringing, maybe what umm, supports or other people you have in your life that all impacts how we grow up in the world and what experiences we have, what opinions we form, what knowledge we have that informs maybe our perceptions. Umm, so I think all of those are related to compassion, how we understand it and then also</p>

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		how we enact it in our lives, yeah.(Transcriptions > 7 Olivia: 26)
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	<p>Receiving compassion</p>	<p>. . . when I came to Canada as an international student, there is one couple supported me by showing compassion that I vulnerable. I don't have food to eat, to be honest. When I was in quarantine, I came from a middle class family so that I just need to save money and you know, I was so concerned about my spending. Oh my God, I'm spending in Canadian dollars. This is converted Indian rupees so I should not. I didn't eat food, to be honest. One day i just placed the white rice, which costs around \$5, which is nothing right now. But in those days, \$5 means it's ₹300 for me. So ₹300 just for white rice. . . . I couldn't get any options because I don't know nothing about this country, so luckily my one of the person from my state came to know that I came and he he's asking how things going. . . . Then he asked me, because of compassion. He asked me what you ate today. Then I told yes I ate white rice. What you had again? He asked me question. Then I said no. Why you don't why you are eating just white rice. He asked me question that also just only one one meal . . . I just controlled my diet . . . it was really very hard for me those days. He called me and said he just brought rice cooker. He, he told me. I will give groceries to the quarantine. Everything when you know when he gave to me the happiness, I think that is immeasurable happiness in</p>
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		<p>my opinion. . . . I I due to the language barrier, I don't know how to express that, but honestly I'm speaking it is immeasurable happiness which I had that time by eating good food. And what I like, and from that day, in my opinion, and I decided that the same happiness what I saw, I have to give whoever come to Canada from that time onwards. . . many people, when they came to Canada, I particularly called them and asking it's OK. So I went and giving food to them. I'm helping them by locate relocating. I took very personal even though they are not, I don't know them much, but I took personally into them. I kept myself in them, but if those people didn't help me, maybe I might not do this much help. So compassion, where did this compassion come from? This compassion come from the people. . . . That's what compassion comes from.(Transcriptions > 11 Joseph: 9)</p>
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	<p>Not receiving compassion in hardships</p>	<p>. . . every human need support from each other, so when they're asking then they everybody's not giving or not supporting in the hard situations then that person might have that experience. And remember that experience and at the same time when he got settled and others coming and asking the support, he might help . . . because and you don't want to put others also in the same situation.(Transcriptions > 11 Joseph: 21)</p>
	<p>Social media and internet</p>	<p>I was saying that there might be some things or some lines that may refer to compassion. So these kind of links to the Hindu religion. Umm there is this verse, I cannot remember the entire, umm, verse, but there's this word “karuṇāvatāraṁ”. So we have this really important God, umm, called Shiva and he said to be karuṇāvatāraṁ, as in the embodiment of compassion. So he's like the highest, like, the top most, person, person who, knows or who is the best compassionate person there ever was, is and will be. So, on <social media platform> or on <social media platform>, sometimes I would come across this verse, like, it is, I think, uh, four or eight lines and it would contain this word “karuṇāvatāraṁ” and yeah, that refers to compassion.(Transcriptions > 14 Santosh: 36)</p>

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	Peers, social influence and connections	. . . our peers, even the society, can affect how people feel about it. Kindness and compassion and, you know, helping behaviour.(Transcriptions > 3 Grace: 53)
	Embedded in traditions	. . . our customs and traditions, definitely they do play a major role in this . . . even before we are taught anything else like alphabets or numbers or anything, they say that when when there is a child in the house, a small child, it's just say if someone is coming into the house you tell the child to go say hi to uncle or hi to aunty or go talk to them, ask them how are you.(Transcriptions > 5 Candy: 30)
	Family influence	. . . my parents are very kind. So they're very kind, they're supportive, they always want to help. So, I think it was a good thing because it helped me as I as I grew up. I will always remember that my mom will go out of her own way to make another person good. . . . Growing up, my mom will make dinner at the end of the day. She's not going to have a part, a portion for herself, but she wants to make sure every other person has a portion and is well fed. I mean, that's that's compassion for me. We were like: oh, mom, why? Why you not eating? She'll be like: I just want everybody to be fine, once you are fine, I am fine. It affected me positively because I have parents that were thoughtful. They care about

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		<p>other people. They always want to help.(Transcriptions > 3 Grace: 59)</p>
	<p>Exposure at work</p>	<p>So, if you talk to your colleagues and they share, they tell you this thing, they share their experiences of how they've been able to help people or show compassion one way or the other. You know, it helps you learn and then, you know, you try to also do the same thing as you've been taught.(Transcriptions > 3 Grace: 63)</p>
	<p>Life experiences</p>	<p>Then in the course of my work, I have a client that I take grocery shopping weekly and each time. Like 80% of the times, she would always shop for the food bank. I picked that up. Like, okay, that's the way too, you know, give back. So, now I have to look for something. I will always buy and drop in the food bank collection. So, compassion is all over me, that I am being influenced to even be more compassionate. In some ways, I did not know that I can express compassion because it was not part of my experience in the past, but now</p>

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		<p>it's part of my experience and I see it's good and it's rewarding. I want to adopt it.(Transcriptions > 6 Sophia: 27)</p>
	<p>Shaped by culture</p>	<p>. . . even the level of education can make an impact on it and also the culture, a different culture has a different attitude toward compassion, toward any aspect . . . (Transcriptions > 1 Sara: 10)</p>
	<p>Rooted in religion</p>	<p>. . . in the course of my religious worship, we attend Bible studies and different topics are taught to us. So compassion, I remember that what I know right now about compassion, was what I learned from my Christian meetings, because it's differentiated empathy from compassion. Empathy is you feel the pain of that person, but you did not do anything to change it. And so compassion is you having that empathy, feeling that persons pain and being able to help the person. And that's what makes Jesus and his father Jehovah higher than us because they feel our pain and they can do something about it. But we in terms of, for instance, losing someone in death, Jesus will feel your pain and resurrect your dead loved one. But I feel your pain, I cannot resurrect your dead loved</p>

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		<p>ones, so compassion is a unique quality of God and Jesus and that's that's how I got to learn the compassion as I know it today. It was from a Christian meetings.(Transcriptions > 6 Sophia: 8)</p>
	<p>Learning about compassion</p>	<p>. . . we try to be nice with other people but we don't live to be compassionate like absolutely every day of our lives as much as we want to be to have compassion for people that's probably. It's something you have to work about. It's not something that just comes, like if you have learned a lot about that like a priest.(Transcriptions > 9 Maria: 18)</p>
<p>Manifestations of compassion</p>	<p>Patience in behaviour</p>	<p>Because if others is. If the others are important to you, you take time for them, okay? You are, for example, uh hear them patiently and guide them. But if you haven't, this behaviour in your mind, so okay, it isn't important, I just do my job just that. And, for example, I have 5 minutes and just that, because after that I do another things. So, maybe I imagine like this.(Transcriptions > 17 River: 87)</p>

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	Reasoning without judgement	He always encouraged me to, to love and to kind of just take a minute and to think and to understand and, and to, to reason, I suppose. But you know, without being judgmental or hateful . . . (Transcriptions > 2 Elizabeth: 14)
	Supporting	So it kind of show that you are truly there and that you are there to support when it came to patients . . . (Transcriptions > 2 Elizabeth: 7)
	Helpful action	. . . it's like helping others like compassion is something, uh, helping others. In all the ways, like uh, maybe their situations, like sad situations or anything. So, depending on their situation, it's like helping them or being with them.(Transcriptions > 15 Ash: 12)
	Building awareness	. . . I think it's being aware and understanding and like really taking the time to learn more about other people, that, like, that you're able to be more compassionate to them. Like, when you know more about them and understand more, it can help your, your ability to be compassionate.(Transcriptions > 8 Ravi: 127)
	Unconditional help	Without asking, that would be something like, no strings attached. Meaning you do not have to give anything back at the end of it. . . But if there were any strings attached to the, umm, really attentive and compassionate action towards the suffering, then the person who is suffering would only be

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		<p>thinking about the things that are coming, the things that they might have to do. . . If the relative who helped me settle in here, in the new country, If they were like, okay, for about one week or so, I'll help you with everything and so on, but from 2 weeks onwards you have to do the household work of the entire, you know, house sort of. Or something strange like that. It would have been really awkward and I wouldn't really feel thankful to that person, or even, I wouldn't even think of it as a compassionate gesture. So, for compassionate action to remain kinda effective in what it means, like, in doing what it's kind of supposed to do, I'm referring to compassion by the way, it is important to have this selfless nature in it. It is not, maybe it is not entirely possible in a lot of situation, but it is important to have it.(Transcriptions > 14 Santosh: 11)</p>
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	Giving time	. . . I think that mainly when you give this time to others, I think it's how you show compassion.(Transcriptions > 9 Maria: 34)
	Giving resources	I think for me my understanding is that, umm, reaching out through email or in person, umm, about offering that next step of connecting like at a different time if I needed it meant a lot because often people can just say, you know, oh, I'm sorry for your loss or stuff like that, but not give the next step of like if you need any support, I'm here to help you navigate that or give you more resources if you need them. Umm, so that for me is like what meant a lot was like the extra step rather than just I don't wanna say like give lip service or tell you what you want to hear but actually mean it like or it made me feel like they actually meant it from their heart.(Transcriptions > 7 Olivia: 6)

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	Altruistic acts	<p>Sometimes I wake up in the morning and my body is aching. I feel like, oh, God, can I just stay at home? But then when I remember that there are people out there that needs me to be at work, I'll go. And what keeps me going is not the pay check is the fact that I care about people. I show care. I show compassion. That is what's keeping me going. It's not because ohh, I'm not going to get paid if I don't go to work. No. I can always call in sick and say I don't want to come to work. But the kind of job I do, people, it's kind of. It's not like their life depend on me, but I play a role too in their recovery so, so that is compassion for me.(Transcriptions > 3 Grace: 24)</p>
	Contemplating consequences	<p>. . . you see a post on Facebook, if somebody saying something about somebody else's comment and then it just kind of keeps going from there and then you realize, this is toxic. Like, really, even if somebody said something that was controversial, that that person doesn't want to be attacked. Really. And so it's just these ideas of taking a minute and thinking, do I, do I really want us to put a comment about my opinion? Is that going to help this other person?(Transcriptions > 2 Elizabeth: 14)</p>

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	Caring about others	Whereas compassion, I think, brings another level to it, where you have an understanding, but you also have a deep caring for what they might be going through.(Transcriptions > 7 Olivia: 2)
	Ensuring comfort	. . . compassion is the main factor in, in our job. So it's basically, like, what we can provide comfort as healthcare providers or any, we can say like any healthcare professionals to our patients or clients or whatever we call them. So it's basically the level of comfort they get from us.(Transcriptions > 12 Emily: 2)
	Volunteerism	The volunteering is part of life here, which I like and I find very fascinating because it has its very, very many advantages. I don't think there is a disadvantage, so that's an aspect of compassion they know people have these challenges.(Transcriptions > 6 Sophia: 27)
	Perspective taking	Being compassionate is understanding their situation. Maybe picturing yourself by keeping yourself in their feet and looking at the world through their perspective.(Transcriptions > 13 Nia: 175)
	Empowering others	I think that is the meaning of understanding the people's feeling and give them the chance to solve their problems. This is my perspective to compassion . . . (Transcriptions > 1 Sara: 6)

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	<p>Providing guidance</p>	<p>They immediately answered my email. They assist me really well, they respectfully manner to me and they I remember that. I think this is kind of compassion. That you understand my problem and they guide me through solving my, you know my issues, my problems. . . . without their guidance, as I couldn't be able to come to Canada to sit here and to have an interview with you. So I think that they had a really great understanding of students' problem and issues. . . . However, I did majority of part of my my work in order to get my visa to be approved but they guide me uh to come here. So this is the most important thing. This is a I think it's a kind of compassion.(Transcriptions > 1 Sara: 22)</p>
	<p>Giving others hope</p>	<p>. . . I told to her that don't worry, we are going to figure it out for you. We are here to help you and everything will be all right.(Transcriptions > 1 Sara: 8)</p>
	<p>Conveying respect</p>	<p>. . . feel like compassion, it again, it's a broad term, my concern my my consideration is to kind of see it in in light of respecting those perspectives and beliefs, as well as ways of being,(Transcriptions > 2 Elizabeth: 2)</p>

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	Dedication to responsibilities	I remember that one of my colleagues said that. So this is their job and suddenly, yes, I know that this is their job, but some people can get their responsibilities and they're doing the best of themselves. But some people, they said that, okay, I have this job of immigration. I will answer the for example to this student for example, one week later. It doesn't matter that if she wants to come here or not, it doesn't matter what day.(Transcriptions > 1 Sara: 22)
	Understanding other's feelings	. . . it should be a feeling for others. <long pause>Like, you know, understand other uh feeling or emotion or or any experience that they. Whenever someone give me the tell told tell me the experience that she or he has gone through. That I need to understand from my heart.(Transcriptions > 16 Alex: 85)
	Understanding other's situation and challenges	. . . I don't have a renal condition, but I could understand my patients like it's just trying to feel the way they feel and just being in their shoes. So when they tell me . . . I try to imagine how it is to live with that disease. Like not being able to eat what others eat, uh, having to be in, in their houses, not able to find the the groceries they need because they are so expensive, not being able to drink water like a main thing in life.(Transcriptions > 9 Maria: 101)

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	Advocacy	I think when it comes to compassion, advocacy is important. Especially, you know, somebody is going through a hard time, a group of people and they are doing everything in their capability to overcome it. But when you advocate for them, it makes a change, and sometimes your voice can be heard better than them sometimes, yeah. So, and it is my form of compassion to them by speaking for them.(Transcriptions > 10 Isha: 30)
	Considering other's beliefs	So, compassion to me is, amm, I suppose taking into consideration, umm, the perspectives and, uh, beliefs, umm, uh, of basically of others.(Transcriptions > 2 Elizabeth: 2)
	Passive compassion	. . . in another word, passive compassion in which you are not directly involved into alleviating others' suffering, but you are doing the necessary work to alleviate that suffering or that person, or those people's suffering, but again, you are not in direct contact with that person.(Transcriptions > 14 Santosh: 47)
	Giving happiness	. . . when you are compassionate with other people, that tiny amount of time that they are happy. It's like you are giving them these tiny little moments of happiness. So that's how you relate. You give compassion so you you you give happiness to other people.(Transcriptions > 9 Maria: 22)

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	<p>Understanding the similarity of human experience</p>	<p>Why we have the compassion? Because all of us are human, so human need is the similar too, human situation is similar.</p> <p>We we do not know where we we we are before we born by our mom. We also don't know when we will go, when we die. Where we will go after we died. We need to get the room, get the house, get the meat, get the eggs, get the car, get the safety place to live, the nutritious food. Even if you are in North America, I am in the Europe, he is in Asia, you are in North America. All of us, maybe in my in his bank account, he is billionaire, you are a millionaire, I'm on zero, but but all of us we we we can eat we eat similar amount of food every day, we sleep similar time for the sleep and we want to be happy. We want to have comfort. That is our similar need and we also have the similar situation. So, we are human. We are similar. That is the basic for the compassion and use compassion. We understand each other's language, each other's meaning. So that was my understanding for the compassion.(Transcriptions > 4 Jia: 110-111)</p>
<p>Perception of compassion</p>	<p>Integral to nutrition practice</p>	<p>. . . understanding the people from their from their perspective, and nutritionists act as the most crucial role because . . . you understanding the people, you can guide them much more better. You can guide them better in their</p>

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		<p>way of reducing their weight in order to control the blood glucose level. So the compassion should act as a key role in any education, specifically in nutrition, we have to teach the people in university how to understand the patient. It's really important.(Transcriptions > 1 Sara: 38)</p>
	<p>Compassion is empathy plus action</p>	<p>. . . empathy is, I think, that you are feeling the same or similar feeling to that of the person who is suffering. Umm, like, for example. if you are, if a, if a person was going through a heartbreak and their friend would also feel the same way about that situation, that would be empathetic. But, if the friend were to try to ease the heartbreak by means like going out, going to a party or something, or maybe just helping that friend who is going through heartbreak, make sense of the heartbreak or like basically get out of it, sort of. So if there was this effort of doing that, of alleviating that suffering, then that would be compassion. So there's this like, umm, distinct line between empathy and compassion. And as I was saying, it is, to a major extent, similar, but not exactly the same. So, if I had to make it an equation, it would be like compassion equals to empathy plus action.(Transcriptions > 14 Santosh: 63)</p>

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	<p>Compassion is cognitively expensive</p>	<p>It's so tiring for them to show the compassion, I think. And sometimes, you know, if you show so much compassion, you will lose your energy of daily daily energy, daily life. And sometimes compassion consumes so much energy from your brain. You need to have very strong emotions through your brain and that will let you be tired because the brain the brain is it's expensive to think, to feel it.(Transcriptions > 4 Jia: 69)</p>
	<p>Compassionate policy can alleviate suffering on large scale</p>	<p>It's compassion that will make a, that will make, I said the government come up with policies to help people get access to food because they're not just only know that there are people who can't afford food, they want to give these people food. So, compassion is that the foundation of such policies and programs to help food insecurity is not just only food insecurity, public health generally, to optimize the health of people, there are various actions government takes. There are various programs, umm, that have been created and used to alleviate the sufferings of people to a large extent, that's compassion.(Transcriptions > 6 Sophia: 23)</p>

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	<p>Care lacks compassion</p>	<p>. . . unfortunately I think that we cannot be able to see in 21st century in a professional health staff member and some of them I don't want to tell generally. I just want to say that some of them have, unfortunately, has not have any compassion.(Transcriptions > 1 Sara: 29)</p>
	<p>Self-compassion is a privilege</p>	<p>. . . no one can compassion with themself in Asia. All of us need to push ourselves, work hard, work hard twelve hours a day, seven days a week, 42 weeks an year. But I think in in North America, in Europe, because it's is this level, culture and you do not experience the suffer for the lack of food, suffer from people hate people, very much in China. So you have the ability, you have the cultural background to compassion yourself, to understand yourself, to have a talk with yourself, with your emotion, with your feeling, with your thought, even you can express, appreciate to your food, to your mind, to heart. Another reason is that North American believe the God, and they believe in the God give everything, the God loves their son. But Chinese people believe in Buddha. There is several difference between Buddha and God. And yeah in a word, I think people can get compassion with himself, but it based on the country,</p>

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		<p>background, history or the culture, religion background.(Transcriptions > 4 Jia: 139)</p>
	<p>Compassion is contagious</p>	<p>I think it goes to, to and from. You can receive compassion from someone and feel better about yourself, and then that makes you want to do it back. It's like the idea of if somebody paid for your meal, you know, you feel good about it and you're like, I have a few extra bucks, maybe I'll treat myself, or maybe I'll treat my friends with an extra coffee . . . (Transcriptions > 2 Elizabeth: 75)</p>
	<p>Compassion and capitalism are dissonant</p>	<p>I don't think they interact at all very well. They don't merge. Like, do you remember the Venn diagrams that we get in mathematics like they are always a touching, they're looking as if they are touching the surface, but they don't merge, you know, because if you are capitalizing something that means you are looking for profits. That means you are trying to be rich. So if you are compassionate towards someone, and let's just say let's just take a example of some of the companies that we have like, let's just say food industry like <Company name> or <Company name>, or it is called <Company name> now. Uhh, so let's just say let <Company name>.</p>

		<p>How many kids are they helping? Like how many, like they are rich. Okay? The CEO of <company name> might be getting millions of dollars per year as their package. So and this, they do say that we are doing some good or we are doing this, that and we are helping children in Africa we are doing, we are giving away free stuff for some people. So, is that really enough? If they are really doing that like they should do half of their proceedings to their charities or, you know, not don't, forget about charities. Are they treating their employees right? I highly doubt it, and most of the employees are underpaid, right? They could give good packages, good bonuses, but everyone is struggling to meet and make it to the end or make it to the end of the month, right? Like when you get to the end of the month, do you have any money seeing in your bank account, especially if you have a family? No! They might be going to the EMIs for groceries, and if you have kids, other stuff and healthcare, you know. So how many like really successful companies or whatever capitalized companies or industries they have, how many people are doing any good? So I don't think they're really very compassionate. They might be doing some stuff, but not but the I think that's not enough. Even then, they are advertising right that we are doing this. They are expecting</p>
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		<p>out of something out of that advertising that they are doing this campaigns and everything. Why? They could do whatever it is without even being, uh, publicly advertising it right? Like, this is, uh, <company name> campaign that, we are doing this, we are doing that. We are helping the poor kids here. We are making sure that they're, I don't know, tuition fee is paid or we are serving them, I don't know, we are serving them free meals for these many days and everything. They they do advertise that too, not just <company name>. Many of the companies who do that. Right? Why? They can do it without even doing that advertising. They are doing that too because they can increase their sales again, so that more public can see it and it indirectly again relates to capitalism. So even though if they are doing something out of, maybe if they have more, they think that they have more money and they can do it, but they are expecting something out of it, right? So I don't think that really goes well with . . . compassion.(Transcriptions > 5 Candy: 62)</p>
	<p>Compassion can become a habit</p>	<p>. . . I think most people don't just are not just in the habit of being compassionate. I mean, it's not something they are, they are used to.(Transcriptions > 3 Grace: 51)</p>

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	Compassion is self-motivated	You can talk about compassion and try to teach about compassion, but it's only up to the person to make this insight in their lives and to catch this information in order to improve the way they treat others. So yes, it can be taught, but it totally depends on you to take this information or not, to change yourself, your attitude, attitude or no.(Transcriptions > 9 Maria: 93)
	Self-compassion enables compassion	. . . you cannot, you know, be caring for people, be feeling compassion, trying to like do things together as team. And then you neglect yourself at the end of the day, you need to have some self-compassion for you, for yourself. You need to always. You are the priority, right, you need to put yourself first . . . Take care of yourself first and that is self-compassion. Because if you are not, if you're not fine, I don't know how you can help another person when you yourself, you are not okay.(Transcriptions > 3 Grace: 36)
	Compassion enables self-compassion	I just give them my number because I I think probably that's my that's me being self-compassionate as well. So, by having this feeling of helping others I feel good.(Transcriptions > 9 Maria: 57)
	Compassion is like love	I feel like the idea of love, you say love is, you know, you think, ohh, I love you. Well, like this is more just, like it is

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		<p>kind of another word for compassion, I guess in that context, because then you're, you know, you do, you're raised to, to understand and to, to try to understand why things are the way they are and why people do the things that they do.(Transcriptions > 2 Elizabeth: 14)</p>
	<p>Respect is a part of compassion</p>	<p>. . . I think when you are compassionate about something or when you are compassionate about doing something or doing something good to others, I think you do it out of respect too. Like I think . . . you might have respect, but you might not show any compassion . . . (Transcriptions > 5 Candy: 48)</p>
	<p>Inherent to community service</p>	<p>. . . there are many community setups all over. Is just getting the right information and you are connected to something that helps you. Donations here and there you can get a lot of stuff you not having to pay anything. Compassion is just all around me here in Halifax and it has even moved me to want to, you know, do same.(Transcriptions > 6 Sophia: 27)</p>
	<p>Inherent to social service organisations</p>	<p>. . . those kind of movements, those efforts where an organization or a grassroots movement or just some people coming together to provide food to people who might not have enough money to buy food or something else, it could be some other basic necessary like clothes and so on. Maybe providing them with a tent to live, because most of the</p>

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		apartments and houses are really high (in cost) nowadays.(Transcriptions > 14 Santosh: 49)
	Compassion is a skill	So for me, compassion is like a skill that you have to to implement every day of your life. It is not just in a certain place, maybe I only have to show compassion at work. No. Even on the road, you show compassion, even while you're in your house you show compassion, even in school. So it's something you carry with you everywhere you go.(Transcriptions > 3 Grace: 20)
Benifits of compassion in teams and workplace	Increased team motivation	. . . it will impact the other people at my workplace. . . . If I have to talk about the team, a team full of compassionate people can make a good change in comparison to a people in comparison to a team of people who has just one person who thinks of making a change and the other people are just not that compassionate. Definitely it affects the people, it brings out the motivation in people.(Transcriptions > 13 Nia: 132)
	Resolving conflicts among teammates	. . . when I was working in my hospital as a dietitian. So there was a conflict with my gastroenterologist. So . . . there was some conflict going on so that I had discussed with my senior dietitian and . . . she tried to sort of sort out that thing and like resolving the issue.(Transcriptions > 15 Ash: 134)

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	<p>Increased efficiency</p>	<p>. . . when we do group work, if we are compassionate, uh, to our group mates or teammates, the task can be done in very efficient manner. So it's basically being comfortable with them, being nice to them, talk politely, and respect each other's decisions and, like, respecting their views and respecting your own views. And not putting like only your views or only asking them for the views for the assignment or the project or anything, you can say . . . so it was a group assignment, so we decided . . . to collect some facts about that topic. But some of our group members, they had issues regarding others' views and others', other people's opinions. So that that was the time we messed up with our assignment. But in another group, everybody respected the opinions and views, so, everybody did their own part and then we combined and everybody, presented their views. So in that one, we basically excelled. So these are two examples. In one, there was compassion in between the members, but in other one, in another group, there was no compassion . . . (Transcriptions > 12 Emily: 24)</p>
<p>Benefits of compassion to individuals</p>	<p>Sense of courage</p>	<p>They care about you and you feel like everything in the world is achievable when you have that feeling of compassion from another human being.(Transcriptions > 10 Isha: 8)</p>

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	<p>Alternative to anxiety or anger</p>	<p>. . . when you are exposed in a problematic situation, you can choose the compassion or anxiety. I think compassion is the positive point . . . you can be patient about this situation or you can be angry. . . . I imagine the anxiety is in in front of this because when you don't want to, uh, uh take time for others, you are most of the time you are in a rush and you are, um, angry about, for example, doing something, um, yeah. Or maybe if someone refers to you and you don't have, you are anxious. Yeah, I think imagine it is then in front of each other.(Transcriptions > 17 River: 115)</p>
	<p>Counteracting societal norms and stereotypes</p>	<p>. . . I think biases, stereotypes and intersectionality, I think they all relate a lot, umm, to bring like why there are these terrible judgments that we have about people who are different . . . (Transcriptions > 7 Olivia: 22)</p>
	<p>Motivation to work</p>	<p>I worked as a volunteer in the Food bank. . . . So, there when I worked as a volunteer in the first day, I need to get all the food loads from the outside to inside. So, there I felt like little uncomfortable, but then, uh, by seeing others who were, you know, challenges we are going through. It it kept me motivated to work on that.(Transcriptions > 15 Ash: 51)</p>

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	Brings joy and happiness	. . . one other thing about compassion is that you just give it because you want to help others. But as soon as you help that other person, you get so fulfilled that probably you are more fulfilled than that other person.(Transcriptions > 9 Maria: 34)
	Sense of satisfaction	I went to <name of retail store> and now they they ask you you wanna donate to the <non-for-profit organisation>? I'm like, okay, maybe I should donate, even if it's \$5 every time I go shopping, I am I am contributing to giving back. I have a satisfaction that my \$5 will add up to someone else's own and somebody will get a service at the <not-for-profit organisation>.(Transcriptions > 6 Sophia: 27)
Determinants of compassion	Level of education	. . . even the level of education can make an impact on it . . . I think that compassion is a complex compound which is a combination of several things. As if like a puzzle that you put, you know, several pieces of puzzle together. It is compassion is like as education . . .(Transcriptions > 1 Sara: 10)
	Sex & Gender	. . . even your sex or gender make an impact because of the different kind of hormones in your body.(Transcriptions > 1 Sara: 10)
	History	. . . if you are looking for Iranian history in in the Iranian culture, we face it with a lot of difficulties in each period of the time and I think that the compassion was the most

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		important aspect that provide Iranian people to fight with any, can say that with any injustice situation.(Transcriptions > 1 Sara: 16)
	Age	. . . I was working in a retirement living which has almost all of its population more than 80 years of age. So, I think most of the time we can make the, we can experience the change in how the current generation, uh, behave or the way they interact with you and the way the older generation interact with you. So, I think most of the time the the people of older generation are having more compassion . . . (Transcriptions > 10 Isha: 8)
	Recipient behaviour	. . . it depends on the clients' behaviour, actually. . . . Like I will try to help you, but on the other hand, you don't want it. You you are throwing the bad, you know, bad behaviour or you're throwing that tantrums to me. Then I will feel, okay, you don't deserve it. (Transcriptions > 16 Alex: 135)
	Shared experience	I perceived that because of their background, they don't understand the experiences of the international students and their backgrounds. And so they are less likely to express compassion. . . Instructors who came in as international students and have gone through stages to get to where they are. Are more compassionate towards internationals today. I'm speaking from the perspective of an international student.

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		<p>I'm not a domestic student, so this this is my experience with compassion and this is my observation with compassion. So instructors who came in through who came in as immigrant and you know, have gone through different stages to get to wherever they are and more compassionate towards the plight of international students and who readily give you advice and be there for you and help you. Although it's not 100%. It's not a theory, it's just a hypothesis. But like I said, compassion is affected by life experiences. So some instructors who might even be Canadians, all their life may have been may have not been compassionate, but somehow they they there was a turning point. We had certain experiences and then they became compassionate for whatever thing that may have happened to them, whatever they've experienced to they become compassionate,(Transcriptions > 6 Sophia: 20)</p>
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	<p>learning lived experiences</p>	<p>The lived experience and the education lived experience as I mention I mentioned earlier. I am the one who is facing that and I learned from my own experiences and in other hand education, education. For example . . . I'm not a gay and I don't know how they feel, how they suffer and how they perspective towards others, but I learned that that lived experience. I learned from the education. Then I also came to know how they are feeling and how they are thinking and their ID, what they think and what they feel. Then I compared their feelings with my feelings . . . (Transcriptions > 11 Joseph: 67)</p>
	<p>Creativity and passion</p>	<p>. . . when person becomes creative, umm, their life basically becomes interesting. So, when interest comes, compassion comes by itself. Like it has to be something interesting or your interest to make it more comfortable for your clients, more, more kind of, caring for the clients and yeah, to gain their trust, and like everything. If you are interested in the job, if you have like more interest in your job, you will do wonders.(Transcriptions > 12 Emily: 106)</p>

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	<p>Intrinsic values</p>	<p>. . . so many things have part of you. For example, fear, I think compassion is also a part of you, which you learn in your in your life . . . You have that in you all the time.(Transcriptions > 10 Isha: 71)</p>
	<p>Parenthood or taking care of others</p>	<p>. . . became extremely relevant in my life when I had my baby. So, I had her two years ago. So then just becoming a mother and you've got all these additional, umm, responsibilities. But you naturally start thinking about taking care of somebody else . . . when you have a child or if you have, if you're taking care of a family member, or if you live with somebody else, you have to consider other people in your life. So I think that that in itself, just having a lifestyle of caring for others does embed compassion . . . you're taking a minute to consider other people's perspectives and other people's, uh, beliefs and intentions and, and all of those components . . . (Transcriptions > 2 Elizabeth: 35)</p>
<p>Barriers to compassion</p>	<p>Social norms, stereotypes and biases</p>	<p>I think that's really challenging when we grow up in a society that, umm, you know whether whatever it be, umm, it's like one that's easy to explain for me because I'm embedded in it is size. So it's hard to be compassionate with yourself when you live in a larger body, when everywhere society tells you that you need to be smaller and you need to be thin and you need to be fit, whether you look at magazines or social media</p>

		<p>or even just conversations with your family because it's so prevalent. Umm, it's a deep rooted, like, fat phobia or phobia of that. So it's hard to be compassionate for yourself unless if you have a deeper understanding I think of the topic, and, umm, just getting away from all of the like societal junk <laugh> and I think it's true also with gender and like misogyny and stuff like that. Like if you don't seek to educate yourself and understand what misogyny might be, then as a woman you can feel inferior in certain scenarios or in certain tasks like how there's an obviously a stereotype that girls can't be smart or good with cars. . . . So that's about compassion with yourself, but then with others, I think you can exist in some form of difference, but then also not have understanding for others. Umm, and I don't know why that is, but I know that it does exist and it can happen, and maybe it has to do with like fighting with the self-compassion for yourself, because if you can't accept yourself for who you are, whatever difference it is, then I don't think you can accept it in others sometimes. Umm and I think that could have have to do with another word that's coming to mind is like biases or bias. Umm, because I think biases, stereotypes and intersectionality, I think they all relate a lot, umm, to bring like why there are these terrible judgments that we</p>
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		have about people who are different, yeah.(Transcriptions > 7 Olivia: 22)
	Need to choose between compassion and self-compassion	. . . I wasn't being compassionate to myself earlier in my practice. And trying to be overtly compassionate to them by not, you know, not setting a, a standard and not having a . . . straight spine and say like, no, no thank you, like, being assertive in my, my approach to them.(Transcriptions > 8 Ravi: 79)
	Stigmatization and generalisation	. . . I was speaking with one of my friend in India. . . . He's just a friend saying that no, this Muslims are doing crazy things and some other Muslim person, Muslim friend is saying no bro, this Hindu friends are doing crazy things like

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		<p>that. So that's when I even I think in their perspective that what happening, how why these people are talking like this. Then I came to know that it's because of lack of compassion and lack of education.(Transcriptions > 11 Joseph: 41)</p>
	<p>Job dissatisfaction</p>	<p>. . . like they wanted to be something, somebody else, but they landed in the nutrition. . . . So when it's, it would strike my mind again that I wanted to go there. Sometimes it it strikes in our minds when we are working, like, I wanted to do that, but I had to live with this my whole life now. So, that thing creates like a mental imbalance for that moment, it's not a regular thing, but sometimes it can happen.(Transcriptions > 12 Emily: 67)</p>
	<p>Abusive work circumstances</p>	<p>. . . sometimes it's the organization which do not allow us to do whatever we wanted, they want us to do what they think is right. What, what is their, like, rule, they want us to go according to the rule, to be like extra professional, which is not even required . . . that really affects compassion. Then when our mental health is not stable, we cannot expect us to treat others in in like, more caring or more compassionate way . . . I worked with two supervisors. One supervisor had, once you go by the rules of the book, and like everything perfect. Like, if, if you're getting break of half an hour, not even for one minute more. If you're one minute late, you</p>

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		<p>have to do write up, you have to do written, uh, written apology or written explanation for why you were, like, one minute late. So, that, that, that to me, it's, it's extra professional. Just, it's just one minute. And your floor is covered, everything is done, you have enough time for breaks, but then also, if it's, oh my god, you got one minute late. That also once in a month, and then you have to write up. That I consider it's extra professional.(Transcriptions > 12 Emily: 112)</p>
	<p>Understaffed care facilities</p>	<p>. . . I can think of one colleague in particular, who had a very long wait list and she felt very rushed in her own job. And I had heard from patients who I had to follow up with for her or who ended up on dialysis. And you know, they just weren't given space to learn. They weren't given space for follow up appointments. And I think that happens when our healthcare system isn't adequately staffed, umm, in all areas. Umm, I think it happens when the practitioner is looking at everyone as a number versus as the patient themselves. They're just trying to get through the numbers, I mean, and not consider, okay, well if I got through five patients today instead of the 10, like, at least that those five patients have like good information from me and not just, like, lack of better words, like, half-assing or half you know not not</p>

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		<p>doing, not providing as good a care as you as you could. I think it's more like that that practitioner is not well staffed like that area is not well staffed. And so they feel that onus is on them to get through as many patients as they can so that the patients aren't waiting to see someone. But at the same time, the patients, although that practitioner is getting through them, like you know, knocking patients off the list, the patients aren't receiving compassionate care or, you know, involved or dedicated time, like, they get dedicated time, but it's just it's way too fast in my opinion, and the patient isn't getting enough out of that, umm, that that time.(Transcriptions > 8 Ravi: 49)</p>
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	<p>Limited availability of resources</p>	<p>. . . there are 40, 40 times bigger population in China, but the but the agriculture ability, the the food supply ability, it's not stronger than Canada. So, Chinese people need to struggle for their life, for their basic human rights. But Canadian has a child benefit. Has the climate carbon tax return and there are different social institutions, social tax, all the possession, to elect, to vote, to vote a president. So based on so many difference, Chinese people has no time to compassion. Also, Asia people, compassion with others or with themselves because they need to struggle for their basic life. But in Canada, if you don't worry, you are Canadian. . . . You have some peace. You have the free, free medical. You have the even the dental care, dental benefit, you have the shelter. You have the food bank, you have everything so human life basic need. But in China, if you don't work, you do not have qualify to enjoy the free, the discount medical hospital. No one will apply the affordable shelter, the free food from Food Bank. So I think the key important thing is that. It's easy or hard to live in a country, and is there any available time to develop one's emotion ability to feel . . . It is a topic about the available time for everyone in different country.(Transcriptions > 4 Jia: 141)</p>
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	Mental and/or physical exhaustion	. . . if we cannot relax, that would affect, we will get tired soon, we will get exhausted. So, without getting any comfort, any relaxation in that breaks, we will base, basically be exhausted. So exhaustion causes irritation. It, it causes, like, it makes you more vulnerable to arguments, so that could affect the level of compassion.(Transcriptions > 12 Emily: 116)
	Traumatic experiences	. . . the experience to lose my pet, my dog, my golden dog. . . . I was a pinned I was depressed in losing my dog and nowadays I don't show so much compassion to other in losing their pet because I can't. I must stop myself to getting the memory when I stay with my pet, my dog. So I think so, signs of distress and pain affect.(Transcriptions > 4 Jia: 65)
Compassionate communication	Demonstrating care	. . . even if she didn't have options, she could have said: ohh Grace, I understand that you have urgent needs for this money. I'm sorry this happened to you. I'm trying my, I'll try my best to make sure that it doesn't happen next time. You know, I mean that's kind of give me a relief that if she could help, she would have helped, right? But she didn't even say that.(Transcriptions > 3 Grace: 72)

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	<p>Friendly and patient demeanour</p>	<p>For example, now, I think you have this behaviour, in your mind, because you patiently listened to my . . . statement and . . . I know I have language barriers. . . . I see because you patiently hear me and you try to get information from me. I know it is your study, but it . . . I feel it. It is your behaviour. <participant laughing> And the yeah, because you are most of the time you are smiling. <participant laughing> Yeah, that's that.(Transcriptions > 17 River: 119)</p>
	<p>Enable autonomy</p>	<p>Then she explained that, like, nicely why that injection is needed, how it will be injected, like, it would be, cause pain or not, if it causes pain, then what could be done and all those things. So, the patient became comfortable with that. So, that's the next step to compassion, yeah. And then she, asked for consent to inject. So, that is also part of compassion, that's showing that the nurse cares about the patient. So, they will consent, and they will allow.(Transcriptions > 12 Emily: 34)</p>
	<p>Respectful outlook</p>	<p>People come in every day because they have problems. The way and manner you talk to them, goes along way. You don't disrespect them, show that you care about them. Show that you understand why they're there and you want to help.(Transcriptions > 3 Grace: 20)</p>

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	<p>Non-judgemental communication</p>	<p>. . . there was no judgment at all like there was no, not like, and you could tell it not only in what she was saying so in the communication, like the verbal communication, but also in the nonverbal communication of like how she was acting around him, like there was no sense of judgment or anything like that. Like she was very compassionate of his situation . . . (Transcriptions > 7 Olivia: 88)</p>
	<p>Positive and open body language</p>	<p>. . . everything goes through communication. It's, it's not just the verbal communication. It has to be our, what, the faces we make, what others see in us, and if, if I'm saying like, okay, you have to get the injection, so, that, my, my facial expression was that, the patient will not approve that. And if you say, okay, it's time for your injection, it's, it's really necessary for you. This, so, my visual expression will show them that I'm caring for them. So, it's eye contact, and when, we are taught, like, when we are sitting in front of the patient, if you do this, patient will feel bad, like, you're not interested. You are getting dizzy or you're getting restless in their conversation. So basically we have to make eye contact and be like sitting towards them. If you are talking to me and I'm looking that way, that's so that doesn't work because then patient will not tell me anything about that. So it will, it will create a , umm, maybe, what we can call, the feeling of</p>

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		mistrust in the patient that, okay, she is not interested to listen.(Transcriptions > 12 Emily: 39)
	Appropriate terminology	. . . in your approach to working with them and just being compassionate and the terminology you choose and in the physical body language you're using, and that's another area that you can also be compassionate in.(Transcriptions > 8 Ravi: 6)

Global Theme 2: Compassion in Nutrition Practice

Organizing Theme	Basic Theme	Quotes
Manifestations of compassion	Accountability at work	. . . if I have to give an example of food industry, for example, maybe the person will not make any mistakes because he knows that the food is a primary thing that everybody eats and if there's something wrong, maybe it can affect a lot of people. Maybe that person is suicidal and they don't think that: that's okay, I don't care. And he lets that's that's the that's the inability of him or her to understand sympathy and empathising with the other people. But if the person is empathetic and he knows the value of sympathy, he knows: oh, I have done something wrong and before this

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		<p>goes out, I can save so many lives. So, that is, that can be compassion.(Transcriptions > 13 Nia: 231)</p>
	<p>Accounting for socio-economic status</p>	<p>. . . there was a patient that came in that was very low income, living out of his car. . . .And he was newly diabetic, so she was helping him through that transition of explaining, not necessarily like, explaining right off the bat, like you would think, like what diabetes is and everything, but she was meeting him where he was about like getting him access to being able to test his sugars, providing ideas for things that he could eat or drink that would help his sugars that were accessible to him that he could actually purchase with the funds he had available to him. (Transcriptions > 7 Olivia: 88)</p>
	<p>Seeking feedback or new information</p>	<p>But if you really want that person to feel better, you can go beyond just prescribing or advising. You could start calling or emailing or texting. Ohh, I'm just checking to see if you started what we discussed. If yes, how is it? If no, why? Is there any challenges as to why you have, you know, that is compassion for me as a nutritionist.(Transcriptions > 3 Grace: 44)</p>

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	<p>Non-judgemental acceptance of lack of progress</p>	<p>If you are starting a new diet, or if you're starting something new, you are asking them to come out of their comfort zone and do it. So, they should have that motivation to do it too. So you need to be compassionate enough and you need to be considerate enough that they understand that they have to do it. And it will be good for them. Not mocking them or not blaming them or not making them think that that it is their fault, so they are in this position. So, if you do that, you're pushing that person further more away, you're not helping them. So I think having that compassion is really important for a nutritionist or people who are in this field . . . (Transcriptions > 5 Candy: 93)</p>
	<p>Making patients/clients feel heard</p>	<p>. . . whatever you refer to the doctor to, the psychologist, you wanna, um explain and you wanna be uh, uh, be heard, okay. And after that you wanna get the feedback from the others, from the . . . physician or . . . dietitian.(Transcriptions > 17 River: 101)</p>
	<p>Educating for clarity</p>	<p>. . . just really keeping where they are in their their life and their healthcare journey in mind and just to be able to approach them so that they can understand everything that you're explaining as best as possible. But also like you know making sure that that patient is comfortable with what</p>

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		<p>you're you're saying or making sure that you have a translator with you when the patient, amm, or you're seeing the patient like that, I feel like is a no brainer for most people, but it's not always a common practice and some patients will refer you know they don't ask for certain things. So ,just making sure you're compassionate in your approach with how you're speaking to them.(Transcriptions > 8 Ravi: 8)</p>
	<p>Nutrition Advocacy</p>	<p>I find that there are a lot of in discrepancies when it comes to standardizing menus for allergen-friendly items. So, (company's name) specifically, the company that I did my internships with, they, umm, they have like these menu icons that highlight foods that or specifically like diets, I guess, for or they basically label their foods or their menu items to indicate to patient, to students. Umm, if there's dairy in it, or if there's gluten, or the works. So to me, those are like the prior, the priority allergens in those settings. Umm, so basically when I worked on my projects, both, they were both focused on allergens. So I built this understanding. I guess that if there's no standardization for how many of certain products that are not free or how many products are gluten free or whatever available on campus for students who are actually completely not okay to eat</p>

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		<p>foods that have been in contact, that's not fair. So there's a like that advocacy piece ties into compassion.(Transcriptions > 2 Elizabeth: 46)</p>
	<p>Understanding lived experiences and addressing unique needs</p>	<p>I think like being able to take the, I I yeah, I think the same thing again like taking the patient the the client, the patients whole, you know, history, their, like, their lived experience into consideration when they are approaching the patient. You're being sensitive to what they've experienced too, you know, asking, you know, asking questions to really get to know the patient and the client. Yeah that can help us navigate our approach to providing care for that patient.(Transcriptions > 8 Ravi: 41)</p>
	<p>Budgeting time to be compassionate</p>	<p>. . . I hope that we are still able to be compassionate when we have limited time and practice with each patient, but that was an example for me that kind of came up top of mind. Like, it's a lot harder because you have to budget your time, and yeah, make time for the things that matter and often, sometimes that is like the acute need of what you need to deal with with the patient's, like related to their health. Umm Physical, probably health. But, umm, psychological is important too, yeah.(Transcriptions > 7 Olivia: 88)</p>

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<p>Manifestations of self-compassion</p>	<p>Allowing oneself to indulge in enjoyable activities</p>	<p>. . . we are all stressful. You know, we are all heavy hearted sometimes. We just want to, you know, sit and shout or scream or cry, you know, just let that all out, you know. So, if you let it all out and if you are buying something or eating something or you know, doing some activity, it doesn't have to always involve by you know, you can just go for hiking, you can just go for a walk that makes you happy. If you can just sit in front of a beach, you know, that would make me happy, you know, if I I can just sit there in front of the beach and listen to the sound of waves for hours and that would make me feel light and makes me feel like I I don't have any worries in the world. I'm stress free and tension free and I have, I don't have to think about anything. Or spend some time with the person you love. If you have a boyfriend or a girlfriend, or if you love spending time with your friends or parents, whatever it is, you know. So, anything that brings you joy or happiness or that kind of satisfaction, I think you can just do it. I think all of those in a directly related or they are self-compassion . . .</p> <p>(Transcriptions > 5 Candy: 108)</p>
	<p>Unfettering self-imposed restrictions</p>	<p>Everyone is going else through a different aspect in their life, you know. For me it's finding a job. For me, for you, it's like finishing your thesis, and for my friend here he is</p>

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		<p>finding trying to find a place and you know, umm, stay here in Halifax and keep his job, so it's difficult for everyone. . . .</p> <p>So, even my friend today, we went to buy some groceries, to be honest. Just groceries, nothing else. But he loved some shoes and he just got it. Like, I was like, it's fine. Like, once in a while, just, you're in a lot of stress, and if you're, if this thing is trying to, you know, make you feel a little bit better, you know you like them, take it, it's fine. It's okay, you can earn more money later, but it's good that you need to keep yourself happy, sometimes. You need to keep yourself satisfied at least once in a blue moon, once in a week, or once in a month, whenever that is, whenever that you feel that it's right, so do that.(Transcriptions > 5 Candy: 106)</p>
	<p>Identifying and establishing personal and professional boundaries</p>	<p>. . . with patient care when you're showing compassion, you do have to have boundaries or else you become too, what's it, like, too encased, to maybe like, not encased but like, too, you, you, start to bring things home. You start bringing things home in your thoughts, bringing, like patient experiences, like, they start to hit too close to your own emotional health. And so you almost do need a set of boundary, and I learned that in a different practice, like when I was working with cancer patients, that if I didn't set emotional boundaries for myself, that I left those patients at</p>

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		<p>work, then I was becoming really sad at home, and like having a hard time, you know, enjoying my life, because I was just constantly thinking about how sick my patients were. Or you know, if this patient dies, like, what's gonna happen to that family? Because I became so close to them, like different things like that. So I think it is, like, being compassionate, like, you do need to have some boundaries. Like, whether for your emotional health, for your mental well-being. There needs to be some boundaries . . .</p> <p>(Transcriptions > 8 Ravi: 79)</p>
<p>Benefits of compassion</p>	<p>Inclusive care</p>	<p>Yeah, when it comes to nutrition, compassion is really important. Maybe because I'm from a different country, I believe if I go to a, if I go to a. <long pause> When a person is not compassionate, if I go to a dietitian or nutritionist, who is local or or or I can say from this country, I'm not sure how well they will understand my necessities of diet. Like I like I said <participant laughing> I feel like rice is important to me. Rice is important to me, but when I go to a dietitian or nutritionist, I'm not sure how well she will recognize why is it important to me or how important it is to me. I, so, that that is where the compassion part comes, and if I let her know that it is important to me. But she's like: I</p>

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		<p>don't understand why? That part, it is there where the compassion.(Transcriptions > 10 Isha: 170)</p>
	<p>Increased adherence</p>	<p>. . . if you're compassionate and they trust you and they want to go with you again, it can be more efficient and effective because probably they have questions after the first session so they can come back and then you can reinforce what you told them about the the treatment.(Transcriptions > 9 Maria: 91)</p>
	<p>Aligned expectations</p>	<p>. . . when it comes to the nutrition and diet . . . some people's attachment to the food might be different. So, we have to make sure when we are learning such a course or when we are working in a field like that, we have to have the elements of compassion because . . . Food is a very big part of our life. . . . So, compassion is really important to</p>

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		<p>know what other person is also looking to you when it comes to their diet.(Transcriptions > 10 Isha: 89)</p>
	<p>Better understanding of patient's/client's experiences and challenges</p>	<p>. . . you see practitioners who are uncomfortable with addressing like, okay, or like knowing how to approach someone whose, whose diet, like, they're from the Middle East . . . I see dietitians just trying to give them what we give every North American and it's like well, that's not gonna work for them. So, like you have to take them, you have to be aware of where this patient is from, and the compassionate approach is to find . . . resources for that patient in particular and not just giving them the generic North American approach.(Transcriptions > 8 Ravi: 121)</p>
	<p>Dismantle power dynamics</p>	<p>. . . when you're a dietitian, I mean, you have a sense of power and privilege because you or even like nursing or any other medical profession . . . you have a sense of uh, power privilege because you're in a position of power. . . . So like, as a provider in general or as a doctor, you have a sense of power because someone is being so vulnerable in that</p>

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		<p>scenario, and depending on the situation, like, you do have a sense of power, privilege, and deciding . . . the care that they receive. . . . I see compassion in that, power dynamic as being a way to bridge it. Like in the sense that, not that it would actually bring you down like to their level, but I think it helps both of you feel like you're on more of the same level when you, when you treat someone like a person and not like a diagnosis or a disease. Umm. . . . I mean, you can never fully remove it, especially with different people's, the providers' intersectionality, the patients' intersectionality. But I think having a sense of, compassionate, compassion definitely helps you see more eye to eye . . . (Transcriptions > 7 Olivia: 98)</p>
	<p>Better recovery from eating disorders</p>	<p>. . . you can probably try to, umm, help that person, umm, get out of that anorexic situation, through compassion. . . . So in the case of an anorexic person, um, if the dietitian or nutritionist, were to really feel, or like, try to feel what the patient, the anorexic patient is feeling and why they are like that and understand the situation really thoroughly and then try to alleviate that situation, it would really have the person, the patient, and it would also increase the likelihood of recovery and it would decrease the chances of that</p>

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		<p>person, after recovery, falling back to the anorexic situation.(Transcriptions > 14 Santosh: 95)</p>
	<p>Build trust and rapport</p>	<p>So, the dietitian means you are doing something as a advisor, as a consultant. . . . And so you should you should have this feeling in you to can be connected with the patients with the, for example, client. Okay? Umm, if you you, if you wanna help, if you wanna, for example, give a good diet habits for them. You should have this sense to get information from them. Yeah, because, uh, they they should feel you are like uh, their friends. Okay? And after that they can tell you everything, uh, and especially confidential, for example, issues. So, I think it is, uh, it has a direct relationship between my field with the compassion.(Transcriptions > 17 River: 69)</p>

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	<p>Supplement the treatment</p>	<p>. . . I think the one of the most important quality for the nutritionist is the compassionate. Like if the nutritionist, when someone . . . comes to nutritionist, they have to understand their emotion, their disease, their, you know, their health. If they really understand, then they can help them, help them more accurately. Like, for example, if someone comes to me for heart health or they they are here, she wants a diet chart because she is suffering from obesity, you know, and uh she suffers from lots of body shaming. So, at first, I have to understand her or his pain. Then I can only help them more clearly. I'm not telling that without having this quality I cannot help them, but I think it's important.(Transcriptions > 16 Alex: 65)</p>
	<p>Build and maintain relationships</p>	<p>. . . dietitian in a counselling scenario like I think, If you weren't compassionate, I think that can have impacts on the patient provider relationship. Umm, because generally, like I feel like when people receive acts of compassion, they're left with like a positive emotion or feeling. Umm. Whereas, if I was going through something really hard and someone wasn't compassionate or kind to me, I probably wouldn't like that person very much or like it wouldn't leave me with, like, a positive feeling. . . . Or like a sense of wanting to go</p>

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		<p>back and talk to that person about what I might be experiencing . . .(Transcriptions > 7 Olivia: 68)</p>
	<p>Supplement person-centred care</p>	<p>. . . you have a patient that comes in and you, they have like a smart goal. . . . They didn't do this smart goal because, uh, say, this smart goal was to walk 30 minutes twice a week, but they're, they've been experiencing a really hard time at work and they're exhausted and they don't want to do it. So you're going to want to revise the smart goal. Make it more, umm, I mean smart goal, that's like walking, it's not at all nutrition, but whatever. So say instead, like a diet like eat low glycemic index food a few times, or like three times a week. Amm, so, then you're gonna revise it to see like, okay, let's do maybe once a week so that it's, you know, one last time or whatever diet. That piece of revising it that is in this person centred care because you wanna make sure it's attainable. So talking to this person to make the change in the goal, that's person centred care. Understanding why they weren't able to meet that goal, that understanding piece is</p>

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		<p>compassion. . . . You're trying to understand from their perspective . . . (Transcriptions > 2 Elizabeth: 103)</p>
	<p>Increased patient responsiveness</p>	<p>. . . being able to be compassionate to those who are experiencing, you know social, economic, umm, like financial, hardships or when they're, you know, experiencing, you know, loss of a job or loss of family member and just how you approach working with that patient. I think being compassionate with them is just so, so important. Because then when they see that you're compassionate, they also will be able to, like, when you're compassionate with them, they can sometimes feel, like, hear the information better, like they're more responsive to you, like they're more open to hearing what you have to say. They see that you're seeing them through more than just a patient lens. They're seeing you like you're being able to see that, that you're seeing them as a person as a whole and not just the sickness, that one sickness that they have. And I see that too with patients who I'm working with, who have like multiple comorbidities, and you're just, you know, you're seeing them as a whole and not just for, excuse me, the kidney, the kidney issues.(Transcriptions > 8 Ravi: 35)</p>

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	<p>More clients and referrals for practitioners</p>	<p>. . . it remind me about some of my colleagues at my country. Some of them are very, very kind, very, very smiley. Okay. And they had more clients, more patients every day in their in their office. Okay. But vice versa. One of them, um, was so serious and they didn't take time for the clients or just, and also . . . she was silent most of the time just here <participant pointing towards her head> just there and just, for example write a note and order their diets and she, in fact, the client who are referred her was less than the another colleagues . . . (Transcriptions > 17 River: 95)</p>
	<p>Disinterest in intervention success</p>	<p>They will not be genuinely concerned about the goals of their clients and there are a lot of them. Yeah, they are not concerned. They're just doing their jobs. So, whether or not you follow the the the, what's it called? Whether or not you follow the prescribed meal plan or whatever, it's up to you. You come back. You did not follow it up and it's your your health indicators are up, in weird and awkward states, that's you. You did not follow up, and unfortunately they appear to be that way.(Transcriptions > 6 Sophia: 38)</p>

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	<p>Dehumanizing patients/clients</p>	<p>. . . student was there in the room and it's like taking pictures of the patients. And just like, you see that patient? He has, like the skin is like a rock and just making fun of that. So I took all the students like what are you talking about? This is a patient. So, you have to treat them with respect and you are not telling that he's a kidney or that he's a heart or that he's a liver. You are telling you are saying their names, so you will learn their names and just treat them as a person, not as a liver, or not as a kidney.(Transcriptions > 9 Maria: 46)</p>
	<p>Judging or blaming patients/clients for lack of progress</p>	<p>If you are starting a new diet, or if you're starting something new, you are asking them to come out of their comfort zone and do it. So, they should have that motivation to do it too. So you need to be compassionate enough and you need to be considerate enough that they understand that they have to do it. And it will be good for them. Not mocking them or not blaming them or not making them think that that it is their fault, so they are in this position. So, if you do that, you're pushing that person further more away, you're not helping them. So I think having that compassion is really important for a nutritionist or people who are in this field . . . (Transcriptions > 5 Candy: 93)</p>

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	<p>Disregarding background and preferences</p>	<p>It looks like not reading patients' histories or clinic notes. It's like going in with a blind, uh, view rushing through appointments, not giving the patient space to take information in. Being numb to the patient's lived experience to, like, there their education to their like not taking any of those aspects into consideration, not thinking about how like, you know, if you're going in and you're rushed because you have like 10 more patients to see or clients to work with, like not having a open conversation, like, not even like asking the patient, like, how are you doing today?(Transcriptions > 8 Ravi: 45)</p>
	<p>Rushing through appointments</p>	<p>. . . if you're not giving the patient time, like, just trying to rush through stuff that that wouldn't show compassion like that wouldn't be compassion towards the patient. That's like, you know, you're really rushing through, umm, and not allowing for, for space, for processing, or for growth, or for comprehension.(Transcriptions > 8 Ravi: 45)</p>
	<p>Stereotyping nutrition professionals</p>	<p>. . . they would, I hope, receive better care through a provider that's being more compassionate to them and their circumstances. But I think not being compassionate can turn people away from the profession. Which ties into . . . the stereotype of who people think dietitians are. If they think that we're not caring and compassionate, why would they</p>

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		<p>come see us? Like if they think we're just going to be the food police or tell them, you know, what to eat and what not to eat. Umm, I don't think anyone would want to go into a conversation with someone like that. Like even if you do eat a very healthy diet, yeah.(Transcriptions > 7 Olivia: 84)</p>
	<p>Financial implications for practitioners</p>	<p>I think it has . . . two negative results. . . . Uh maybe it is probably they they won't refer to you for the second time. So, it has financial issues for us and the other negative results.(Transcriptions > 17 River: 71)</p>
	<p>Mistrust in practitioner's expertise</p>	<p>. . . you need to be able to meet someone where they are and if they perceive that you don't have an understanding or like I think as a patient if you get the reaction that someone really doesn't understand what it's like to be food insecure, you could kind of say oh, they don't know what they're talking about, like they can't really help me.(Transcriptions > 7 Olivia: 30)</p>

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	Lack of adherence	<p>Well, your lack of compassion might essentially prevent, it might translate through your messaging and whatever you're doing. So, if you're changing a menu item to something that's gluten free but you're like, making it something that people won't like, those, the uptakes are not gonna be good. Like, you're not, people are not going to be interested in taking that food or in nutrition consulting practice. If you're not putting compassion into the consults, that person might not be as likely to to perform the behaviour change that you're asking them to, or that you're trying to guide them towards making or, or they might not be as involved in the person centred care because you're not really tying them into that because you're not being compassionate . . .</p> <p>(Transcriptions > 2 Elizabeth: 99)</p>
	Barrier to career success	<p>I think that the lack of compassion can completely devastate or ruin anything in a health system. If you don't have any compassion, you cannot be successful person because you you, you, you you don't have any understanding of the person. You don't have the the sense of understanding the feeling of the people. If you don't have the feeling of understanding a different kind of people, you cannot help disease, and ultimately you cannot be successful in your job.(Transcriptions > 1 Sara: 33)</p>

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	<p>Negative impact on healthcare outcomes</p>	<p>It's for them because maybe they get exposed with the, uh, disappointing situation and maybe they they leave their their diets or they didn't refer to another, for example, dietitian. So, uh, I think it is, uh, bad and negative results for . . . the patient.(Transcriptions > 17 River: 71)</p>
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Global Theme 3: Compassion in Academia

<p>Organizing Theme</p>	<p>Basic Theme</p>	<p>Quotes</p>
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	Group work	<p>. . . while we are doing the group work or assignments or or, you know, the the particular work that, I can see from my group members and friends, you know, uh, uh dividing few works and whatever we can do. This, you can do, this, you can do and sharing the knowledge among us. And if if we are facing any problems within the group . . . whenever I'm feeling nervous or whenever I'm feeling, you know, ohm with some good points, I'm able to share with them and they are able to share with me and it's like working together and, you know, being support to each and everyone in the team, I'm learning these things here and it's it's actually quite good to go. Uh I, uh, I what I'm thinking is like compassion is something, uh, it's a word to work together.(Transcriptions > 15 Ash: 24-28)</p>
	Community outreach projects	<p>. . . I think that each course have probably taught me something about compassion. So, for example, with <professor's name>, like in her courses. Probably I have I learned a lot about being compassionate in the way that you you will work on community and when you do that and you will try to find the needs of other people, so, you can, umm, close the gaps that they have . . . (Transcriptions > 9 Maria: 26)</p>

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	<p>Observing professionals during internships</p>	<p>. . . I have one experience from my clinical internship was I was doing a two week affiliation in a diabetes clinic. . . . And that dietitian that I was shadowing was incredibly compassionate . . . that was really great to see as an intern like it, umm, inspired me in the sense that, like, we can truly make a difference I hope in people's lives and hopefully make things a little bit easier.(Transcriptions > 7 Olivia: 88)</p>
	<p>Vicarious experineces of suffering or compassion</p>	<p>. . . there was a session where it was just a round table of them sharing their experiences, umm, and providing insights on to how they hope like directions for future research, or how they hope that researchers can connect and listen to people more, umm. And that was really eye opening because it gave me a greater sense of compassion. For example, there was a patient who shared about . . . some experiences she had through a pregnancy and living in a larger body, and it just gave me . . . specific example of experience that she had encountered, and it just gave me such a greater sense of understanding. Not that I didn't have at all, like, already in some ways, but just like a greater sense of understanding of, what, different life experiences, I guess, or things that people have gone through. Umm, and yeah, having those people with lived experience at the conference and really having them embedded in all the activities that the</p>

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		<p>researchers and grad students and professors were doing, I felt like really gave for me, I took away with a greater sense of compassion.(Transcriptions > 7 Olivia: 70)</p>
	<p>Critical awareness of social inequalities</p>	<p>I feel like, we don't learn so much about compassion, but, like, directly, but like, in a roundabout way, we learn why society is the way it is, and that kind of like helps our ability to understand why, like, why things are happening the way they are and be able to approach, like, you know, approach clients or patients or like other colleagues with a more compassionate lens.(Transcriptions > 8 Ravi: 113)</p>
	<p>Reflective learning</p>	<p>. . . she gives you the insights of what you need to like to think, like the awareness you need. In order for yourself to know what's wrong in the world, like what things that surround us need to be improved. So, in that way, she gave us these tools. So, then you yourself can find a solution and doing this, of course, the solution will be being compassionate about others, like in very different ways that you can. You can do this, but it will come for yourself or your from your perspective. So when she makes you do the, the very long 100 page essays. Like at the end in the conclusion, what you see on the movies she she let you, she she make you watch and everything. So, then you can</p>

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		<p>interiorize what what are the gaps that you need to provide others and that's how you can teach compassionate like, not like compassion is blah blah blah blah blah. But how can you give me an example? That way you make that person think about this and interiorized this in their own lives.(Transcriptions > 9 Maria: 97)</p>
	<p>Practical teaching methods</p>	<p>Compassion is actually . . . practical thing. It, it, cannot be taught in words, but it can be, like, it can be taught through role plays or any activities or yeah, group discussions, something like that. But it's not a kind of theoretical thing that we can learn from the textbooks. It has to be like we learn what our seniors or what our teachers, they show us. If our teachers will show, like, they will, what we can say, they will do activities or any practical for showing compassion. Then we as their students, will do the same thing. So the compassion is learned in practical it's according to me, it's not a theoretical thing to learn.(Transcriptions > 12 Emily: 43)</p>
	<p>Purpose oriented learning</p>	<p>For me, something that comes to mind is there is an example that <Professor's name> often I think provides in her <course name> course where she talks about a dietitian and I don't know if she uses the word compassionate, but she tells a story about how someone in her family think it was</p>

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		<p>her father or something had experienced a cardiac event and she tells us about how that dietitian was, and I don't know if she used the word compassion, but my understanding was that that dietitian was very compassionate to her and her family and her dad, and that meant a lot to her. Umm. And I think we need more of that and stories like that about how it's really meaningful to patients and their families is really important because yes, you're around people who are in very vulnerable states and like we should, that should be just human decency to be compassionate and understanding in those scenarios for them. Because it is a sense of, like power and privilege that you have when you are with them in those scenarios or interactions.(Transcriptions > 7 Olivia: 90)</p>
	<p>Opportunities to discuss and deliberate compassion</p>	<p>. . . I just love the concept that you are asking these questions, you know, to your participants and you are kind of doing this. I think this might also bring a lot of insight to the participants too on what they did or what they are doing or how they want to, you know, change themselves or make themselves helpful to others, you know? . . . Like, maybe people might realize it later that they have just been pitiful to others but not compassionate, you know?(Transcriptions > 5 Candy: 114)</p>

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	<p>Counteracting mental impact of caregiving with compassion</p>	<p>I think normalizing that compassion is a part of practice and healthcare is really key as well. Umm, so I think instilling that in training for dietetics and other professions as well is really important. Umm, because we might not touch on enough how, thinking back to like how giving compassion impacts you. Like, I don't think we touch on enough about how seeing people in such vulnerable states can impact you emotionally, especially if, uh, well, sometimes if anyone in your life like you can think of an example that it has experience to you that can impact you emotionally, but also it's just like you're around some people, especially like in hospital setting. I find like in acute care, you're around people who may have just had a heart attack, like how can you be compassionate in that example?(Transcriptions > 7 Olivia: 90)</p>
	<p>Self-compassion for setting professional boundaries</p>	<p>So, by being self-reflective you are creating a space for you to be compassionate to yourself. And in those reflections you're able to grow and to, umm, recognize how, how things are affecting you in the bigger picture. And I really, I think it's so important for new practitioners to be able to do this for themselves and understanding like, okay, well, I feel this way because this happened and how do I prevent that feeling from happening again, or how do I make a safe</p>

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		<p>space so that if I do experience that, I know how to address it. Umm, and that I think, that part is, can, like, it kinda like motivates you on how to, to create a more, like, to create a better space for yourself.(Transcriptions > 8 Ravi: 108)</p>
	<p>Better participant recruitment and retention</p>	<p>Well, since I if if I need to begin program I need to contact with many participants and if I don't have the compassion I cannot really understand and show the show the common feeling and common emotion to them. And they may not, they may reject my invite . . . may have difficult to find enough or find good enough participant.(Transcriptions > 4 Jia: 104)</p>
	<p>Participant autonomy and welfare</p>	<p>. . . if the researchers were to not really care about the feelings of that, of the participants, and basically not, or like, basically, treat them as an object like a lifeless object on which they are just performing some random tests. Umm, it is possible that those participants might feel that, the study, the research that they are, umm, participating in, it doesn't really, umm, benefit, maybe that's not the word, or like, it doesn't really matter to their suffering. Because to them, it might feel like that they're just going to be experimented upon. Maybe the researchers might test some drugs or something on them and not really care how they actually feel about whatever it is that is being administered upon</p>

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		<p>them. And they might feel like an object, or maybe a lab rat who cannot speak anything. But, umm, imagine another scenario where the researcher is kind of really interact with the participant, the can- cancer patient and you know at every stage of the, umm, this, amm, that research treatment right? Of every stage of that treatment, amm, experiment, right? Amm, the researchers are really involved in making sure that the participants are doing okay, they're not in any mortal danger, umm, and just taking note of everything that happens around or regarding the participants. That would make a difference in the outcome. . . . So yeah, it would make, If not the same level of difference, but closer to that level of difference with compassion in healthcare or in research, even, you know. So yeah, I think compassion is important. (Transcriptions > 14 Santosh: 143)</p>
	<p>Motivation for research</p>	<p>. . . this interview has really reminded me of . . . why I've gone into research . . . and I think it's how we make nutrition and life better <laugh> by being more compassionate.(Transcriptions > 7 Olivia: 37)</p>
	<p>Richer data</p>	<p>If lacked the compassion some some of the participant participant they cannot be respect. They cannot be treated well and they will escape from the program. Also the program will lose the good opportunity to collect the data.</p>

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	<p>And so sometimes some people really did did not have money . . . that may let the study more focus on the rich people, but but I think the very emergency the nutrition practice is to focus on the every salary or the low salary person. So, if lack of compassion, you led the program not not in very a good way to make a believed result or conclusion.(Transcriptions > 4 Jia: 93)</p>
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Appendix L

Data Analysis Review Form

Data Analysis Review

The purpose of this form is to cross-check the research findings. This is a form of analytical triangulation (Patton, 2002). By having participants respond to what is described and concluded in a qualitative report, researchers are able to cross-check their findings (Patton, 2002).

Please note that all information in this form is highly confidential and should not be shared or saved.

* Required

* This form will record your name, please fill your name.

Please think about compassion in the general context of day to day life for this section.

1. Origins of compassion can be: *

Select all that apply

- Self reflection
- Childhood experiences
- Household and school environment
- Self-perception
- Vicarious experiences
- Identity
- Receiving compassion
- Not receiving compassion in hardships
- Social media and internet
- Peers, social influence and connections
- Embedded in traditions
- Family influence
- Exposure at work
- Life experiences
- Shaped by culture
- Rooted in religion
- Learning about compassion

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2. Do you agree with the above theme? Why or why not?

3. Compassion may manifest in various ways. Different ways may include: *

Select all that apply

- Patience in behaviour
- Reasoning without judgement
- Supporting
- Helpful action
- Building awareness
- Unconditional help
- Giving time
- Giving resources
- Altruistic acts
- Contemplating consequences
- Caring about others
- Ensuring comfort
- Volunteerism
- Perspective taking
- Empowering others
- Providing guidance
- Giving others hope
- Conveying respect
- Dedication to responsibilities
- Understanding other's feelings
- Understanding other's situation and challenges
- Advocacy
- Considering other's beliefs
- Passive compassion
- Giving happiness
- Understanding the similarity of human experience

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4. Do you agree with the above theme? Why or why not?

5. Compassion may be perceived as: *

Select all that apply

- Integral to nutrition practice
- Compassion is empathy plus action
- Compassion is cognitively expensive
- Compassionate policy can alleviate suffering on large scale
- Healthcare lacks compassion
- Self-compassion is a privilege
- Compassion is contagious
- Compassion and capitalism are dissonant
- Compassion can become a habit
- Compassion is self-motivated
- Self-compassion enables compassion
- Compassion enables self-compassion
- Compassion is like love
- Respect is a part of compassion
- Inherent to community service
- Inherent to social service organisations
- Compassion is a skill

6. Do you agree with the above theme? Why or why not?

7. Benefits of compassion in the workplace and team environment include: *

Select all that apply

- Increased team motivation
- Resolving conflicts among teammates
- Increased efficiency

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8. Do you agree with the above theme? Why or why not?

9. Compassionate individual may experience several benefits including: *

Select all that apply

- Sense of courage
- Alternative to anxiety or anger
- Counteracting societal norms and stereotypes
- Motivation to work
- Brings joy and happiness
- Sense of satisfaction

10. Do you agree with the above theme? Why or why not?

11. There are several factors that determine compassion in a person: *

Select all that apply

- Level of education
- Sex & Gender
- History
- Age
- Recipient behaviour
- Shared experience
- Learning lived experiences
- Creativity and passion
- Intrinsic values
- Parenthood or taking care of others

12. Do you agree with the above theme? Why or why not?

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13. There are several factors that prevent people from feeling compassionate: *

Select all that apply

- Social norms, stereotypes and biases
- Need to choose between compassion and self-compassion
- Stigmatization and generalisation
- Job dissatisfaction
- Abusive work circumstances
- Understaffed care facilities
- Limited availability of resources
- Mental and/or physical exhaustion
- Traumatic experiences

14. Do you agree with the above theme? Why or why not?

15. Compassionate communication involves the following: *

Select all that apply

- Demonstrating care
- Friendly and patient demeanour
- Enable autonomy
- Respectful outlook
- Non-judgemental communication
- Positive and open body language
- Appropriate terminology

16. Do you agree with the above theme? Why or why not?

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Please think about compassion in the context of nutrition practice for this section.

17. Compassion in nutrition practice may manifest in various ways. Different ways may include: *

Select all that apply

- Accountability at work
- Accounting for socio-economic status
- Seeking feedback or new information
- Non-judgemental acceptance of lack of progress
- Making patients/clients feel heard
- Educating for clarity
- Nutrition Advocacy
- Understanding lived experiences and addressing unique needs
- Budgeting time to be compassionate

18. Do you agree with the above theme? Why or why not?

19. Self-compassion in nutrition practice may manifest in various ways. Different ways may include: *

Select all that apply

- Allowing oneself to indulge in enjoyable activities
- Unfettering self-imposed restrictions
- Identifying and establishing personal and professional boundaries

20. Do you agree with the above theme? Why or why not?

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21. Benefits of compassion in nutrition practice include: *

Select all that apply

- Inclusive care
- Increased adherence
- Aligned expectations
- Better understanding of patient's/client's experiences and challenges
- Dismantle power dynamics
- Better recovery from eating disorders
- Build trust and rapport
- Supplement the treatment
- Build and maintain relationships
- Supplement person-centered care
- Increased patient responsiveness
- More clients and referrals for practitioners

22. Do you agree with the above theme? Why or why not?

23. Lack of compassion in nutrition practice may manifest in various ways. Different ways may include: *

Select all that apply

- Disinterest in intervention success
- Dehumanizing patients/clients
- Judging or blaming patients/clients for lack of progress
- Disregarding background and preferences
- Rushing through appointments
- Stereotyping nutrition professionals

24. Do you agree with the above theme? Why or why not?

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25.Lack of compassion in nutrition practice has several consequences: *

Select all that apply

- Financial implications for practitioners
- Mistrust in practioner's expertise
- Lack of adherence
- Barrier to career success
- Negative impact on healthcare outcomes

26.Do you agree with the above theme? Why or why not?

COMPASSION IN NUTRITION EDUCATION AND PRACTICE

Please think about compassion in an academic context for this section.

27. A compassionate approach to research can result in: *

Select all that apply

- Better participant recruitment and retention
- Participant autonomy and welfare
- Motivation for research
- Richer data

28. Do you agree with the above theme? Why or why not?

29. Graduate programs in Applied Human Nutrition may allow students to gain understanding of compassion through the following indirect methods: *

Select all that apply

- Group work
- Community outreach projects
- Observing professionals during internships
- Vicarious experiences of suffering or compassion
- Critical awareness of social inequalities
- Reflective learning

30. Do you agree with the above theme? Why or why not?

31. Compassion can be incorporated into the Graduate programs in Applied Human Nutrition curriculum in the following ways to improve the understanding and knowledge about compassion among students: *

Select all that apply

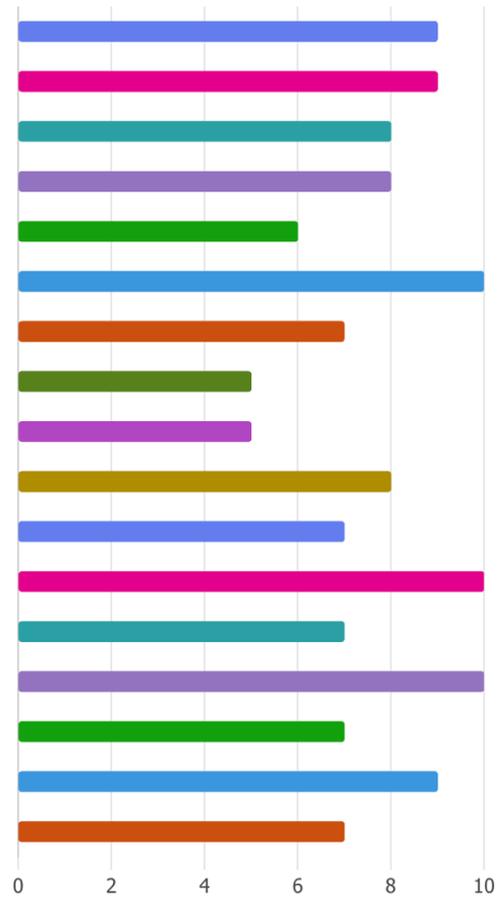
- Practical teaching methods
- Purpose oriented learning
- Opportunities to discuss and deliberate compassion
- Counteracting mental impact of caregiving with compassion
- Self-compassion for setting professional boundaries

Appendix M

Analytical Triangulation Data

1. Origins of compassion can be:

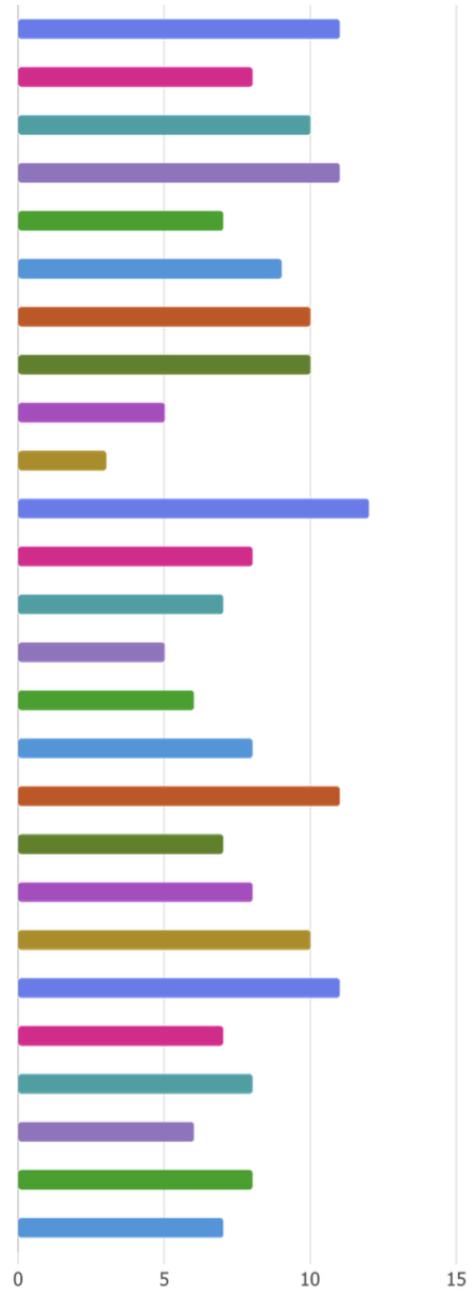
● Self reflection	9
● Childhood experiences	9
● Household and school environment	8
● Self-perception	8
● Vicarious experiences	6
● Identity	10
● Receiving compassion	7
● Not receiving compassion in hardships	5
● Social media and internet	5
● Peers, social influence and connections	8
● Embedded in traditions	7
● Family influence	10
● Exposure at work	7
● Life experiences	10
● Shaped by culture	7
● Rooted in religion	9
● Learning about compassion	7



COMPASSION IN NUTRITION EDUCATION AND PRACTICE

3. Compassion may manifest in various ways. Different ways may include:

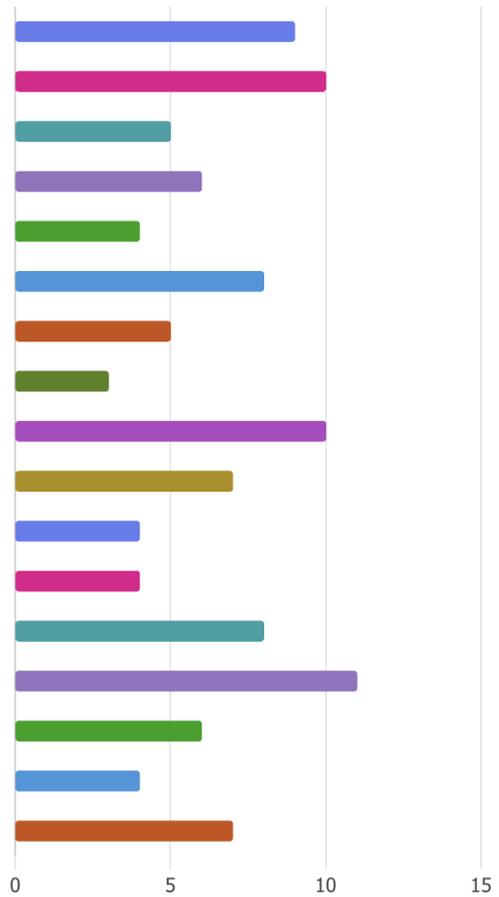
- Patience in behaviour 11
- Reasoning without judgement 8
- Supporting 10
- Helpful action 11
- Building awareness 7
- Unconditional help 9
- Giving time 10
- Giving resources 10
- Altruistic acts 5
- Contemplating consequences 3
- Caring about others 12
- Ensuring comfort 8
- Volunteerism 7
- Perspective taking 5
- Empowering others 6
- Providing guidance 8
- Giving others hope 11
- Conveying respect 7
- Dedication to responsibilities 8
- Understanding other's feelings 10
- Understanding other's situation and challenges 11
- Advocacy 7
- Considering other's beliefs 8
- Passive compassion 6
- Giving happiness 8
- Understanding the similarity of human experience 7



COMPASSION IN NUTRITION EDUCATION AND PRACTICE

5. Compassion may be perceived as:

- Integral to nutrition practice 9
- Compassion is empathy plus action 10
- Compassion is cognitively expensive 5
- Compassionate policy can alleviating suffering on large scale 6
- Healthcare lacks compassion 4
- Self-compassion is a privilege 8
- Compassion is contagious 5
- Compassion and capitalism are dissonant 3
- Compassion can become a habit 10
- Compassion is self-motivated 7
- Self-compassion enables compassion 4
- Compassion enables self-compassion 4
- Compassion is like love 8
- Respect is a part of compassion 11
- Inherent to community service 6
- Inherent to social service organisations 4
- Compassion is a skill 7



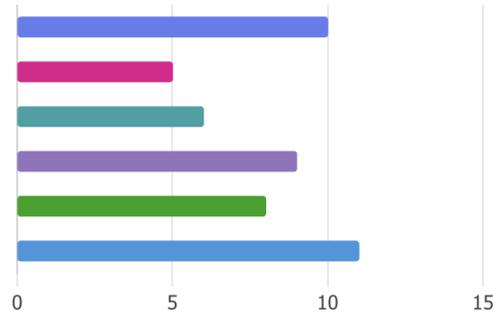
7. Benefits of compassion in the workplace and team environment include:

- Increased team motivation 11
- Resolving conflicts among teammates 9
- Increased efficiency 11

COMPASSION IN NUTRITION EDUCATION AND PRACTICE

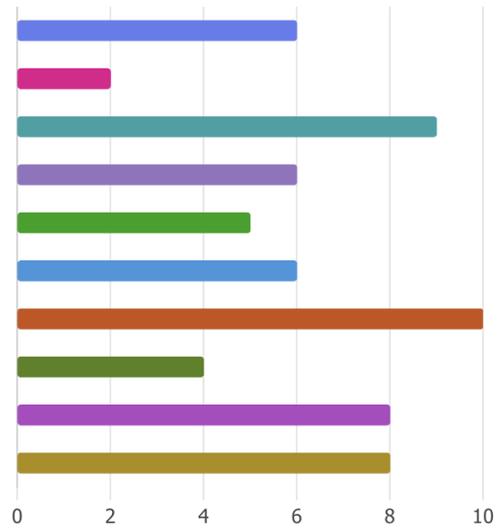
9. Compassionate individual may experience several benefits including:

- Sense of courage 10
- Alternative to anxiety or anger 5
- Counteracting societal norms and stereotypes 6
- Motivation to work 9
- Brings joy and happiness 8
- Sense of satisfaction 11



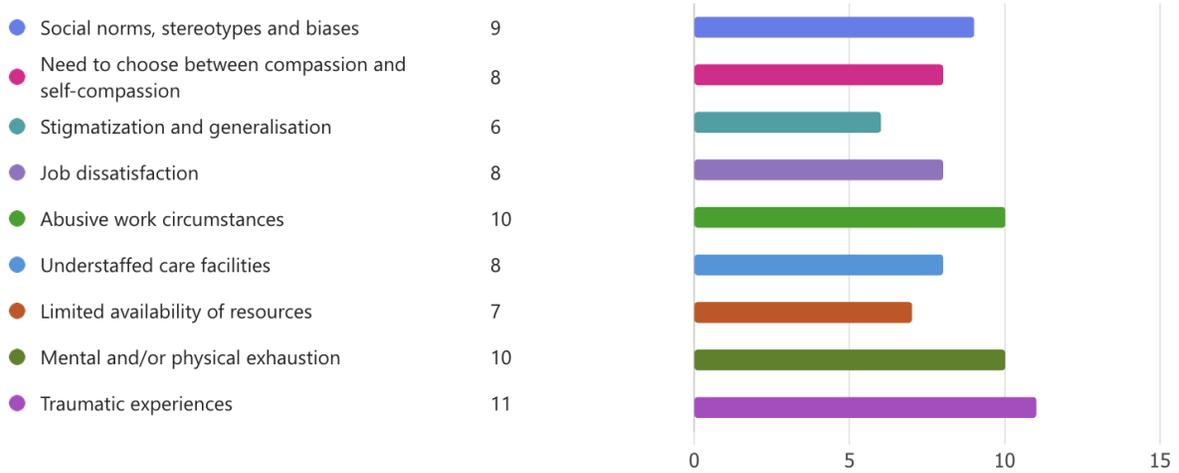
11. There are several factors that determine compassion in a person:

- Level of education 6
- Sex & Gender 2
- History 9
- Age 6
- Recipient behaviour 5
- Shared experience 6
- learning lived experiences 10
- Creativity and passion 4
- Intrinsic values 8
- Parenthood or taking care of others 8

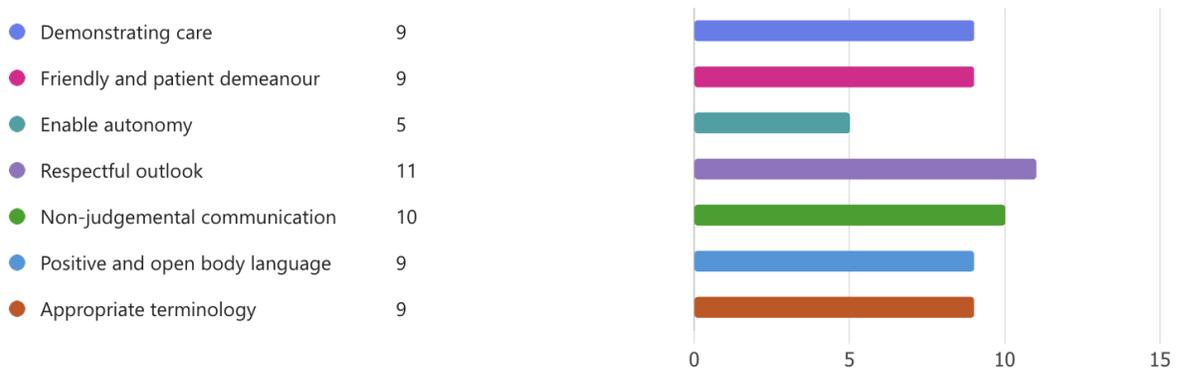


COMPASSION IN NUTRITION EDUCATION AND PRACTICE

13. There are several factors that prevent people from feeling compassionate:

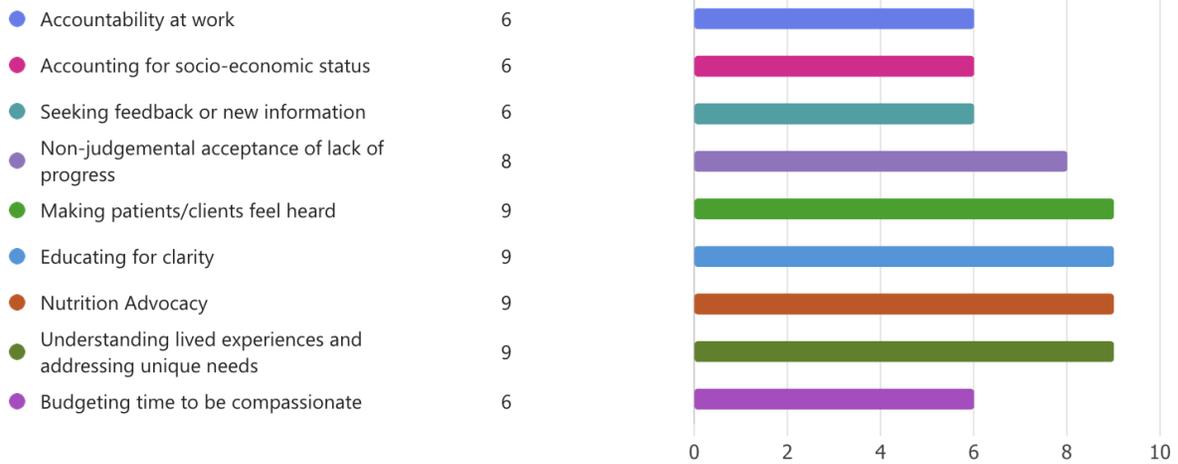


15. Compassionate communication involves the following:

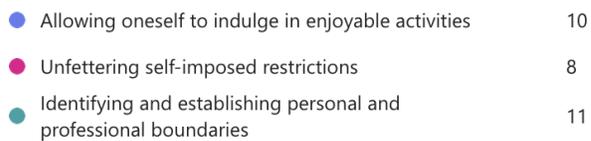


COMPASSION IN NUTRITION EDUCATION AND PRACTICE

17. Compassion in nutrition practice may manifest in various ways. Different ways may include:

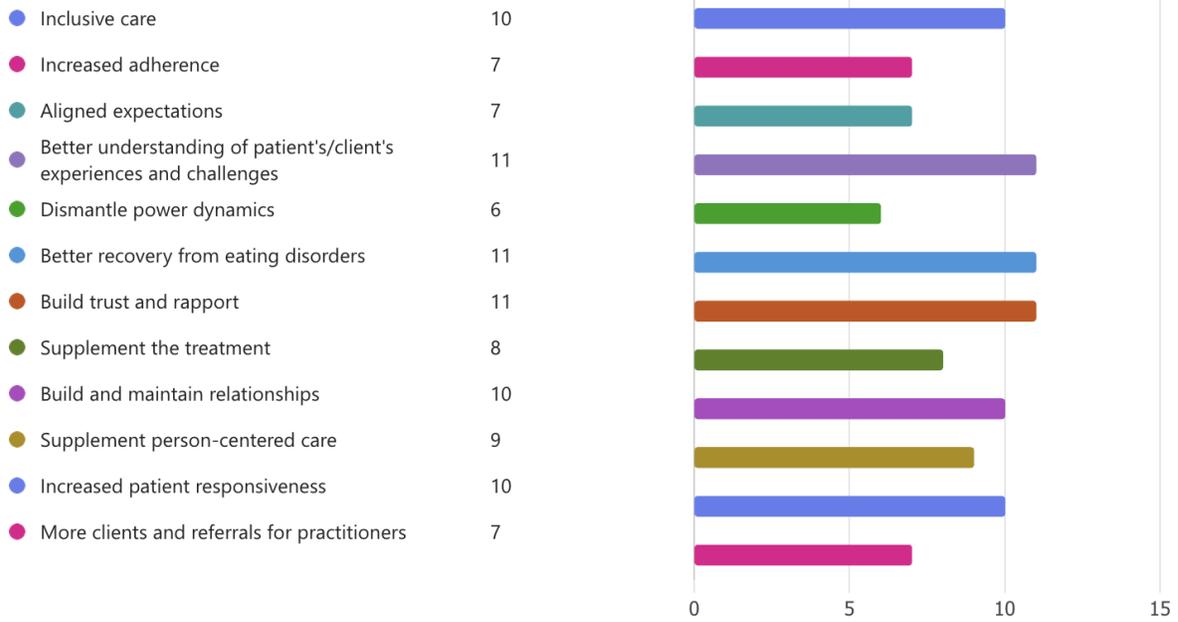


19. Self-compassion in nutrition practice may manifest in various ways. Different ways

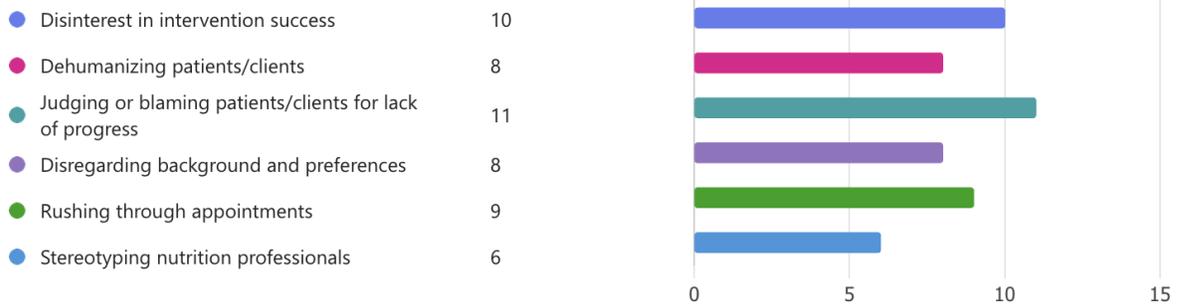


COMPASSION IN NUTRITION EDUCATION AND PRACTICE

21. Benefits of compassion in nutrition practice include:



23. Lack of compassion in nutrition practice may manifest in various ways. Different ways may include:



COMPASSION IN NUTRITION EDUCATION AND PRACTICE

25. Lack of compassion in nutrition practice has several consequences:

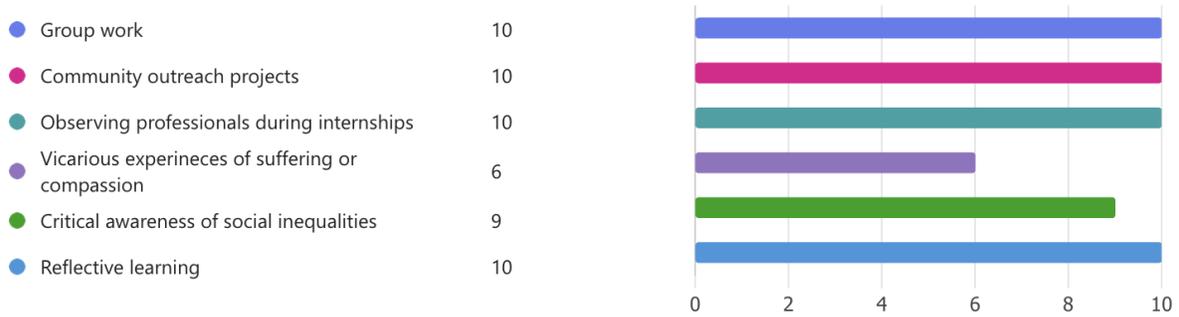
- Financial implications for practitioners 10
- Mistrust in practitioner's expertise 11
- Lack of adherence 8
- Barrier to career success 10
- Negative impact on healthcare outcomes 10

27. A compassionate approach to research can result in:

- Better participant recruitment and retention 11
- Participant autonomy and welfare 8
- Motivation for research 8
- Richer data 11

COMPASSION IN NUTRITION EDUCATION AND PRACTICE

29. Graduate programs in Applied Human Nutrition may allow students to gain understanding of compassion through the



31. Compassion can be incorporated into the Graduate programs in Applied Human Nutrition curriculum in the following

