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## THE ROLE OF HEALTH-RELATED SUGGESTIBILITY AND SENSE OF RESPONSIBILITY FOR HEALTH IN STUDENTS' EMOTIONAL EATING

### Summary

**Purpose of the article:** The aim of this article was to evaluate the relationship between the selected psychological factors (sense of responsibility for one's health, health-related suggestibility) and the level of emotional eating in students from the dietetics faculty.

**Research methodology/approach:** The study procedure included a cross-sectional study which was carried out in a group of 130 individuals between the ages from 17 to 47 years old (the mean age was 21.4 years old; SD = 3.95). The sample group consisted of 56.2% of physiotherapy students (n = 73) and 43.8% of dietetics students (n = 57).

**Key findings/analysis:** The analysed groups did not differ in terms of the emotional eating. Dietetics students were characterised by a higher level of health-related suggestibility than physiotherapy students. There was a positive correlation between the intensity of emotional eating and the severity of media health-related suggestibility in the group of students with a lower level of global sense of responsibility for health.

**Practical implications:** The results suggest that special courses in dietetics curriculum should be implemented. It could allow academic teachers an adequate response in the context of 'new' nutritional information in media.

**Social implications:** The results of this study provided very important information for a better understanding of young adults' behaviour in the context of emotional eating.

Article category: research article.

**Key words:** emotional eating, health-related suggestibility, the sense of responsibility for health, dietetics, physiotherapy

**JEL codes:** I18

### Introduction

In many studies, the psychological functions of eating are very often analyzed. Probably, it is related to the fact that eating is among the most social of human activities (Gustafsson i Draper 2009; Freich et al. 2016; Klatzkin

et al. 2016). It is believed that one of the key food functions could be associated with reduction of negative emotional tension. This function is often called '*Emotional Eating- EE*'. EE is associated with the food consumption which is undertaken in order to realize the different needs related to emotional state. In this context, stress plays a special role, because this psychological factor causes a negative human emotional state and contributes to increased food consumption (Bennett et al. 2013; Bongers & Jansen 2016; Pandolfi et al. 2016).

It is suggested that the emotional-related eating behaviour could be shaped in early childhood. It is mainly observed in situation when food consumption is undertaken in the context of reducing negative emotions (e.g. sadness), as well as to strengthen positive emotions (e.g. a form of reward, fun, pleasure etc.) (Leszczyńska et al. 2011). Recent advances in neuroscience relating eating behavior to brain reward systems hold promise for understanding this mechanism. For example, neurons respond strongly at the beginning of an eating episode and become less responsive as satiety for a specific food is reached. This phenomenon is already present in 2.5- to 5-year-old children. What is interesting, as interest diminishes for one food, neurons remain capable of a reward response to other foods. Having a variety of foods available may lead to increased consumption (Gahagan 2012).

In publications, it is emphasized that the reduction of negative emotional states by using food consumption can cause many health implications (Jääskeläinen et al. 2014). There are studies that showed that emotional eating may be related to the development of some psychiatric disorders, for example eating disorders (e.g., compulsive eating, bulimia) (Allen et al. 2008), and depression (Ouwens et al. 2009). Moreover, emotional eating can contribute to disorders in the correct recognition of biological aspects of hunger and satiety. For example, these people are very sensitive to all hunger signals. It is observed not only in case of biological signal, but also in context of psychological and social factors. Consequently, a sense of hunger could be confused with the negative emotional states (Tan & Holub 2011). As a consequence of this situation, it contributes to weight gain and leads to the development of overweight and obesity (Geliebter & Aversa 2003). This is particularly important because of epidemiological data. According to GUS data, in the Polish population, overweight or obesity is observed in 46% of women and 64% of men. Polish epidemiological data estimate that there will not be people with a correct Body Mass Index (BMI) in 2048 (GUS 2014). Therefore, the need to develop effective prevention forms of overweight and obesity epidemics is stressed. It is suggested that the analysis of psychosocial factors contributing to increased consumption of food could be one of the most important activities in this area (Babicz-Zielińska 2006).

One of the important psychological variables, which could influence on the frequency of undertaking healthy eating habits, is a sense of responsibility for

the health. This variable is a relatively new framework in health psychology. Preliminary attempts to define a sense of responsibility for the health was made by Suchocka (2011). The sense of responsibility for health construct is defined as self-perceptions relating to motivation and use of various behavioural strategies to keep good health (Jaworski & Adamus 2015). The empirical verification of sense of responsibility for health was taken by Adamus & Jaworski (2014). These authors have demonstrated the existence of two aspects of sense of responsibility: active involvement and adequate behaviour. Whereas active involvement concerns cognitive and motivational aspects related to the need for undertaking appropriate actions to maintain good health, adequate behaviours concern actions taken to maintain health or make improvements. Sak et al. (2011) emphasized that an appropriate level of responsibility for health determines the higher level of motivation to treatment during disease. Similar observations were noted by Jaworski & Adamus (2015). Mentioned researchers carried out study examined the relationship between sense of responsibility for health, health suggestibility, and dispositional optimism in diabetic patients (n=110) with (n=56) and without (n=54) complications/accompanying diseases (Jaworski & Adamus 2015).

All human health activities had to be undertaken in social context. For this reason, it had to be a psychosocial factor which strongly modulated any activities related to health and well-being. With this in mind, the suggestibility as a psychological disposition could be one of the most important elements in people's health and well-being, especially in context of any activity undertaken for the purpose of preventing disease. This variable is defined as a relatively stable disposition to act on the suggestions of others. A high level of suggestibility leads to increased involvement in self-control. There are found direct evidence for this (Carson, Butcher & Mineka 2005; Marten 2012). Issue of suggestibility in health sciences are still completely new area of study.

Currently, there are no studies that would analyze relationships between the sense of responsibility for the health and emotional eating on the one hand, and the frequency of undertaking of eating behavior on the other hand. Moreover, It has not carried out any studies which analyse the relationship between suggestibility, and interpersonal behaviour in terms of health psychology.

Therefore, the aim of this article was to evaluate the relationship between selected psychological factors (sense of responsibility for the health and health-related suggestibility) and the level of emotional eating in students from dietetics faculty.

According to the aim of this study, the following research questions were formulated:

1. Do dietetics students differ in terms of the level of emotional eating from students with non-dietetics education profile?

2. Is there a significant difference in terms of severity of selected psychological variables such as sense of responsibility for the health and health-related suggestibility between dietetics students and non-dietetics students?
3. Is there relationship between the level of emotional eating and the severity of sense of responsibility for the health on the one hand, and the severity of health-related suggestibility on the other hand?

## Material

### Characteristics of the respondents

Two groups of students were selected as part of the study.

The first group consisted of first-year students with education profile related to human nutrition (dietetics). These subjects were deliberately selected for this study from Warsaw School of Tourism and Hospitality Management (Warsaw, Poland). It should be noted that a dietician is a part of health faculty which not only promotes health-related behaviour, but also pays attention to promote appropriate nutritional behaviour.

The second group consisted of first-year students with education profile other than human nutrition. The particular attention has been paid in this context, because we wanted to choose an adequate education direction which is related to health promotion, but does not pay attention to promote appropriate nutritional behaviour. For this reason, these subjects were deliberately selected for this study from Physiotherapy Faculty of Medical University of Warsaw (Warsaw, Poland). The choice of physiotherapy students was related to the specificity of the physiotherapy education program. According to the curriculum of physiotherapy, there are not any courses about human nutrition or dietetics. Nevertheless, the curriculum of physiotherapy includes many courses related to health promote, especially promotes health-related behaviour (See: The curriculum of physiotherapy on: <http://2wl.wum.edu.pl/en/>)

The inclusion criteria included: 1) be first-year students of dietetics (In case of first study group) or be first-year students of physiotherapy (in case of second study group), 2) gave informed consent to be part of the study. All respondents gave their informed consent. Whereas the exclusion criteria included: 1) not be first-year students of dietetics (In case of first study group) or not be first-year students of physiotherapy (in case of second study group), 2) did not give informed consent to be part of the study.

The study procedure included cross-sectional study which was carried out from October to December 2016.

Study was carried out in a group of 130 intentionally selecting specific individuals between the ages from 17 to 47 years old (Mean age was 21.4 years

old; SD = 3.95). The sample group consisted of 56.2% of physiotherapy students (n = 73) and 43.8% of dietetics students (n = 57).

No statistically significant differences were found between analyzed groups in case of gender (Chi2 = 3.22,  $p > 0.05$ ). Women dominated in both study groups. There were 38 women and 17 men in the first group (dietetics students), while there were 55 women and 16 men in second group (physiotherapy students). In first group, two students did not give information about their gender.

The analyzed students' groups did not differ in case of age ( $p > 0.05$ ) and anthropometric parameters such as body mass ( $p > 0.05$ ) and height ( $p > 0.05$ ). Detailed data are presented in the Table 1.

**Table 1. Characteristics of respondents in terms of anthropometric parameters**

The anthropometric parameters	The first group (dietetics students) (n=57)				The second group (physiotherapy students) (n=73)				Z
	M	SD	Min.	Max.	M	SD	Min.	Max.	
Age	22,19	5,828	17	47	20,80	1,243	19	25	-1.33
Body mass	64,01	11,207	46	92	65,36	12,913	41	119	-0.44
Height	171,11	8,867	153	191	169,40	20,036	157	193	-0.07

M – mean; SD – standard deviation; Min. – Minimum obtained value; Max. – Maximal obtained value; Z – the Mann–Whitney–Wilcoxon (MWW) test

Source: Own study.

## Methods

### Research tools and the verification of their psychometric parameters in the analyzed groups

In the presented study, there were used three research tools such as:

1. Emotional Eating Questionnaire (EEQ)
2. The Health-related Suggestibility Scale (HSS)
3. The Sense of Responsibility for Health Scale (HSRS).

### Emotional Eating Questionnaire (EEQ)

Emotional Eating Questionnaire (EEQ) was developed by Wheeler (2011). This research tool consists of 14 statements which determine a global level of emotional eating. Each item has a 5-point response catalogue from 1- never to 5- all time. EEQ has two subscale scores:

First subscale is called 'Food Restrictions' and consists of 7 statements which determine to cut down on the consumption of selected food. Example items for this subscale: *"I am trying to avoid fatty foods"*.

Second subscale is called 'Emotional Eating' and consists of 7 statements which determine to the consumption of selected food in a situation of negative emotional state. Example items for this subscale: *"After a bad day at work I eat a bigger dinner"*.

In the analyzed group of respondents, the factor analysis and the Varimax rotation were prepared. These analysis showed that only one factor, Emotional Eating, could be analyzed. This factor explained about 52.56% of the cumulative variance, and consists of 6 statements. In original version of EEQ is consist of 7 statements. Statement: *"I eat very little during all day, but I make up myself for it in the evening"* was excluded from Emotional Eating Subscale, because it underestimated the psychometric parameters.

Cronbach's alpha for the Emotional Eating subscale was 0.813. Cronbach's alpha is a measure of internal consistency, that is, how closely related a set of items are as a group. he resulting  $\alpha$  coefficient of reliability ranges from 0 to 1 in providing this overall assessment of a measure's reliability. Although the standards for what makes a "good"  $\alpha$  coefficient are entirely arbitrary and depend on your theoretical knowledge of the scale in question, many methodologists recommend a minimum  $\alpha$  coefficient between 0.65 and 0.8 (or higher in many cases);  $\alpha$  coefficients that are less than 0.5 are usually unacceptable, especially for scales purporting to be unidimensional.

The analyzes did not provide satisfactory parameters for the Food Restriction subscale. Therefore, this subscale was excluded in presented study.

### **The Health-related Suggestibility Scale (HSS)**

The Health-related Suggestibility Scale (HSS) was developed by Jaworski. This scale consists of 9 statements which determine level of global Health-related Suggestibility. This scale could be used as a measure of the severity of this feature in healthy subjects and in patients. HSS has two subscales:

Media Health-related Suggestibility Subscale (MediaHSS). This subscale consists of 4 statements. Each item has a 5-point response catalogue from 1- definitely not to 1- definitely yes. The high level of MediaHSS is characterized for people who derive health information from the media, especially the Internet, newspapers and television. Example items for this subscale: *'Media are the best source of health information'*.

Medical Health-related Suggestibility Subscale (MedicalHSS). This subscale consists of 5 statements. Each item has a 5-point response catalogue from 1- Always to 5- Never. The high level of MedicalHSS is characterized by people

who derive information about health from medical specialists, especially the doctor and pharmacist. Example items for this subscale: *'I follow all the doctor's instructions carefully'*.

In the analyzed group of respondents, the factor analysis and the Varimax rotation were prepared. These analysis showed that only one factor, Media Health-related Suggestibility Subscale (MediaHSS), could be analyzed. This factor explained about 57.90% of the cumulative variance, and consists of 4 statements. Cronbach's alpha for MediaHSS was 0.751.

The analyzes did not provide satisfactory parameters for the Medical Health-related Suggestibility Subscale (MedicalHSS). Therefore, this subscale was excluded in presented study.

### **The Sense of Responsibility for Health Scale (HSRS)**

The Sense of Responsibility for Health Scale (HSRS) was developed by Adamus (Adamus & Jaworski 2014). HSRS consists of 12 items rated on a 5-point scale (1—hardly ever, 2—rarely, 3—sometimes, 4—often, 5—nearly always/very often). The scale yields a total score (HSRS-T) and two subscale scores:

Active Involvement (HSRS-AI). This subscale consists of 7 items. Example items for this subscale: *'I can determine what is good for my health'*

Adequate Behaviour (HSRS-AB). This subscale consists of 5 items. Example items for this subscale: *'Different mild disease symptoms I treat as temporary'*.

Higher scores reflect higher sense of responsibility for health. A pilot study (unpublished) found Cronbach's alpha coefficients for HSRS-AI, HSRS-AB, and HSRS-Tat 0.73, 0.70, and 0.74, respectively.

In the analyzed group of respondents, the factor analysis and the Varimax rotation were prepared. These analysis showed that there are two subscales of HSRS such as Active Involvement (HSRS-AI) and Adequate Behaviour (HSRS-AB). These two factors explained about 47.31% of the cumulative variance. Cronbach's alpha for the HSRS was 0.724.

### **Statistical analysis**

Statistical analyses were performed using SPSS software version 21. For all analyses, the default level of significance was set at  $p=0.05$ . The all obtained data were analyzed in the context of normal distribution by using the Kolmogorov-Smirnov test (KS test). It is a nonparametric test of the equality of continuous, one-dimensional probability distributions that can be used to compare a sample with a reference probability distribution (one-sample K-S

test). Additionally, descriptive statistics were carried out, especially mean (M) and standard deviation (SD). Due to the fact that the outcome variables were not normally distributed, non-parametric statistical tests were applied. To assess between-group differences, Mann-Whitney's U were used. The Kruskal–Wallis test by ranks was used to evaluate the differences between students with low, medium and high levels of the Sense of Responsibility for Health in case of Media Health-related Suggestibility Subscale (MediaHSS) on the one hand, and Emotional Eating (EE) on the other hand. The relationship between the selected quantitative variables were determined by Spearman's rank correlation coefficient (rho-Spearman). Moreover, an analysis of relationship between Media Health-related Suggestibility (MediaHSS) and Emotional Eating (EE) were prepared by using a least-squares linear regression. Parameters of the regression function were estimated together with an assessment of standard errors. In addition, the standardized beta coefficient ( $\beta_{\text{stand.}}$ ) was designated.

## Results

### Characteristics of respondents in terms of emotional eating (EE) scale

The analyzed groups did not differ in terms of the emotional eating ( $p > 0,05$ ). Detailed data are presented in the Table 2.

**Table 2. Characteristics of respondents in terms of emotional eating (EE) scale**

Group	M	SD	Min.	Max.	Mean rank	Z
<b>EMOTIONAL EATING (EE) SCALE</b>						
The first group (dietetics students) (n=57)	12,54	4.406	6	24	58.55	-1.70 (p>.05)
The second group (physiotherapy students) (n=73)	13,94	4.977	6	27	69.95	
<b>MEDIA HEALTH-RELATED SUGGESTIBILITY SCALE (HSS)</b>						
The first group (dietetics students) (n=57)	8,35	3.419	4	17	69.73	-2.44 (p<.01)
The second group (physiotherapy students) (n=73)	7.25	3.644	4	20	54.13	

<b>THE GLOBAL LEVEL OF THE SENSE OF RESPONSIBILITY FOR HEALTH SCALE (HSRS)</b>						
The first group (dietetics students) (n=57)	46.18	5.430	33	60	65.16	-0,18 (p>.05)
The second group (physiotherapy students) (n=73)	45.82	4.553	35	54	65.00	
<b>ACTIVE INVOLVEMENT (HSRS-AI)</b>						
The first group (dietetics students) (n=57)	27.84	4.031	15	35	70.48	-1,59 (p>.
The second group (physiotherapy students) (n=73)	26.75	3.604	17	33	59.99	
<b>ADEQUATE BEHAVIOUR (HSRS-AB)</b>						
The first group (dietetics students) (n=57)	18.30	2.383	13	25	57.33	-2.21 (p<.05)
The second group (physiotherapy students) (n=73)	19.07	1.988	14	24	71.88	

M – mean; SD – standard deviation; Min. – Minimum obtained value; Max. – Maximal obtained value; Z – the Mann–Whitney–Wilcoxon (MWW) test

Source: as in Table 1.

### **Characteristics of respondents in terms of Media Health-related Suggestibility Scale (HSS)**

It was observed that the analyzed groups differed in terms of the level of the media health-related suggestibility. The first group (dietetics students) had significantly higher level of this psychological variable than the second group (physiotherapy students). Detailed data are presented in the Table 2.

### **Characteristics of respondents in terms of the Sense of Responsibility for Health Scale (HSRS)**

The first group (dietetics students) were characterized by statistically significantly lower level of adequate behaviour (HSRS-AB), which is one of the dimensions of sense of responsibility for the health (Table 2), than the second group (physiotherapy students). There were no significant differences between analyzed groups in the case of a global level of sense of responsibility for health and its dimension – active involvement (HSRS-AI) (Table 2).

In the connection with the verification of the third research question, all students were divided into three groups in terms of a global level of sense of

responsibility for health. This division was carried out on the basis of mean and standard deviations values ( $M$  – mean,  $SD$  – standard deviation), and it allowed to fall into three subgroups which are presented in Table 3.

**Table 3. The division of the examined group into subgroups in terms of the sense of responsibility for health**

Scale	Subgroup A	Subgroup B	Subgroup C	Missing data
The level of global responsibility for health	Low	Moderate	High	-
	values of variables $<(M-SD)$	values within the range $M \pm SD$	values of variables $>(M+SD)$	
	n (%)	n (%)	n (%)	n (%)
	20 (15.4%)	84 (64.6%)	24 (18.5%)	2(1.5%)

n – number of respondents, % – percentage of respondents

Source: as in Table 1.

There were no statistically significant differences between subgroups (A, B, C) in terms of emotional eating ( $H = 1.17$ ,  $p > 0.05$ ), and media health-related suggestibility ( $H = 3.14$ ;  $p > 0.05$ ).

There was a positive correlation between the intensity of emotional eating and the severity of media health-related suggestibility ( $\rho = 0.498$ ,  $p < 0.05$ ) in group of students with a lower level of global responsibility for health ( $n = 20$ ).

Linear regression analysis was used for in-depth analysis. In this analysis, the dependent variable was the emotional eating, and predictors were: media health-related suggestibility (MediaHSS), the global level of sense of responsibility for health and its two dimensions: active involvement (HSRS-AI) and adequate behaviour (HSRS-AB). Analysed predictors significant influence on the dependent variable. Created model explained 16% of variance of the dependent variable (adjusted R-squared was 0.160). It was well suited to data and better than the average allowed to predict the dependent variable:  $F(1;19) = 4.25$ ;  $p < .05$ . The details about regression are shown in Table 4.

**Table 4. Influence of Media Health-related Suggestibility on Emotional Eating in students with low level of Sense of Responsibility for Health**

Specification	b	Std. Error	$\beta$ stand.	t	p
Scale	8.353	3.124		2.674	.017
Media Health-related Suggestibility	.656	.318	.458	2.061	.050

b – regression coefficient,  $\beta$ stand. – standardized regression coefficient, t – the value of statistics, p – probability value

Source: as in Table 1.

In the case of students with a high level of sense of responsibility for health ( $n = 24$ ), there was no correlation between the intensity of emotional eating and the severity of media health-related suggestibility ( $\rho = 0.310$ ,  $p > 0.05$ ).

## Discussion

The most interesting observation of this study is the lack of statistically significant differences between dietetics and physiotherapy students in terms of emotional eating. Dietetics students did not have higher level of emotional eating than physiotherapy students despite the fact that they have more frequent contact with nutrition information. Consequently, it can be assumed that alone contact with food is not a triggering factor for emotional eating. Perhaps, other factors could be important in this context e.g. the ability to deal with negative emotions, stress or emotions control. However, it need further empirical verification.

The results of this study showed that dietetics students were characterized by significantly higher level of media health-related suggestibility than physiotherapy students. Perhaps, the increased level of media health-related suggestibility in dietetics students was assisted with the current healthy lifestyle which is created in the media. There are so much data about a healthy lifestyle and a well-balanced diet in the media. What is more, much of information is related directly to human eating habits. For this reasons, dietetics students could be more sensitive to this information.

Freisling, Haas and Elmadfa (2010) carried out study in 2949 ethnically diverse adolescents with mean age 17.3. The aim of their study was to examine associations between exposure to nutrition information as covered in mass media and daily fruit and vegetable consumption among adolescents. The interesting conclusion of their study was fact that newspaper articles, the Internet and booklets as a source of nutrition information were positively associated with daily fruit and vegetable consumption among adolescents. Moreover, there was observed negative impact radio commercials in this case.

Interesting observations were noted in a cross-sectional survey from October-December 2003 which was performed in nine European countries, i.e. Austria, Belgium, Denmark, Iceland, the Netherlands, Norway, Portugal, Spain and Sweden. This survey was as a part of the Pro Children study. In this study, the large majority of children were more often exposed to TV ads for unhealthy food than for fruit and vegetables. Other important conclusion of this study was the fact that the majority of children reported the exposure to a number of TV ads for food (Klepp et al. 2007). Fernández-Celemín i Jung (2006) noted in their publication that there is the increasing availability of nutrition and health information in media, but it has not always increased the

knowledge of the general population. According to these researchers, the media is one major source of scientific information to the general public. It is especially important in case of adolescents and young adults whose dietary choices could not be related to correct nutrition and health knowledge.

It should be noted that nutritional information, which is available in the media (e.g. the press, the Internet), is not always coherent, but very often contradictory. Therefore, it is very difficult to assess their reliability without reference to specialist dietetics knowledge. In such situations, the consumer can be based on a form of TV ads or the authority of the person who presenting nutritional information.

Because of the increasing availability of nutrition and health information in media, presented media health-related suggestibility framework is particularly important. As it was showed in presented results, dietetics students were very sensitive to the increasing availability of nutrition information, because of high level of media health-related suggestibility. Therefore, the academic teacher, during practical courses, should discuss about current nutrition and health information in media. This is of particular importance not only in relation to the reliability of the dietetics knowledge, but also in case of Evidence Based Medicine (EBM) (Gray & Gray 2002). Dieticians should have the skills to differentiate the 'true' and 'false' nutrition information which shows up in the media. This suggests the need for further studies which could provide much information about health-related suggestibility framework in dietetics students.

It could be also justified to include special courses in dietetics curriculum, especially when these courses will be associated with analysis of the increasing availability of nutrition and health information in media. It could allow academic teachers to an adequate response in context of "new" nutritional information in media by providing appropriate and specialized nutrition knowledge to students.

The presented result showed that dietetics students were characterized by statistically significantly lower level of adequate behaviour (HSRS-AB), which is one of the dimensions of sense of responsibility for the health, than physiotherapy students. It could suggest that the analyzed physiotherapy students undertook more consciously their health behaviour, including nutritional behaviors, than dietetics students. It could be noted that adequate behaviour dimension (HSRS-AB) is directly related to have adequate health knowledge, and use these skills in practice. For this reason, this suggests the need to introduce actions which could strengthen the sense of responsibility for health, especially in students with a low level of this variable.

It should be noted that the role of health-related suggestibility and sense of responsibility for the health in emotional eating is unclear. However, it was shown that students with a low level of sense of responsibility for health have a positive correlation between the emotional eating (EE) and media health-

related suggestibility. This observation was not reported in case of students with a high level of sense of responsibility for health. It suggests that level of sense of responsibility for health could have important relation with emotional eating, but it need an additional empirical analysis.

It is worth acknowledging the limitations of the presented study. These include: I. The study group consisted of purposefully selected students; II. Lack of prior research studies on the topic; III. A single measurement variables without the possibility of analyzing the change over time. Despite these limitations, the results of this study provided very important information for a better understanding of young adults' behaviour in the context of emotional eating.

## Conclusions

The presented results showed that the role of health-related suggestibility and sense of responsibility for the health in emotional eating is unclear. However, it was observed that dietetics students were very sensitive to the increasing availability of nutrition information, because of high level of media health-related suggestibility. It is particularly important, because of the increasing availability of nutrition and health information in media. Therefore, a special courses in dietetics curriculum should be implemented. It could allow academic teachers to an adequate response in context of "new" nutritional information in media. This is of particular importance not only in relation to the reliability of the dietetics knowledge, but also in case of Evidence Based Medicine

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## Rola podatności na sugestię w zdrowiu i poczucie odpowiedzialności za zdrowie w emocjonalnym żywieniu studentów

### Streszczenie

Cel artykułu: analiza związku między wybranymi zmiennymi psychologicznymi (poczucie odpowiedzialności za zdrowie, podatność na sugestię w zdrowiu) i nasileniem żywienia emocjonalnego wśród studentów z kierunku dietetyka.

Rodzaj wykorzystanej metodologii badawczej/podejścia: procedura badania obejmowała badania przekrojowe przeprowadzone w grupie 130 osób w wieku od 17 do 47 lat (średni wiek wynosił 21,4; SD=3.95). Grupa osób badanych składała się z 56,2% studentów fizjoterapii (n=73) oraz 43,8% studentów dietetyki (n=57).

Główne wyniki badań/analiz: analizowane grupy nie różniły się pod względem żywienia emocjonalnego. Studenci dietetyki cechowali się wyższym nasileniem podatności na sugestię w zdrowiu niż studenci fizjoterapii. Zaobserwowano dodatnią zależność między żywieniem emocjonalnym a nasileniem medialnej podatności na sugestię w zdrowiu u studentów z niskim nasileniem poczucia odpowiedzialności za zdrowie.

Implikacje praktyczne: wyniki sugerują, że w programie nauczania dietetyki powinny być wprowadzone specjalne przedmioty, które pozwolą nauczycielom akademickim na adekwatne reagowanie na nowe informacje żywieniowe w mediach.

Implikacje społeczne: wyniki dostarczyły bardzo ważnych informacji dla lepszego zrozumienia zachowań młodych dorosłych w kontekście żywienia emocjonalnego.

Kategoria artykułu: artykuł badawczy.

**Słowa kluczowe:** żywienie emocjonalne, podatność na sugestię w zdrowiu, poczucie odpowiedzialności za zdrowie, dietetyka, fizjoterapia.

**Kody JEL:** I18

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