Sensitive Communication and Terminology in Addressing Obesity:

Attitudes Among Students in Four European Countries

(Erasmus+ EDU-FIT Project)

All project participants

Given the **global scope of the issue of obesity**, it is crucial to foster a positive atmosphere in communication, not only in healthcare settings but also in everyday, non-healthcare contexts. The proper use of terminology can greatly impact the atmospere, relationship and outcome of the communication process.

The **communciation** in health and everyday environment is of significant importance for the outcome, espeacially when dealing with sensitive topics, such as obesity that influences the quality of life, including phycial, mental and emotional health. As the **terminology used in sensitive communication** can be perceived between acceptable and offensive, it is important to identiy acceptable terminology - the one reflects the seriousness of the medical condition and avoids the unnecessary discomfort by naming diagnosis.

The focus of this research is to **identify attitudes towards terminology related to obesity naming as acceptable or offensive, in healthcare and everyday environment**, among the student population in four European countries (Croatia, Portugal, Slovakia, Slovenia) included in the Erasmus project *Edu-Fit.*

The research is part of the project Erasmus+ Inclusive social education fit for healthy life-style: preventing obesity in young adults“ (EDU-FIT), funded by the European Union.

RELATED WORK

The primary goal of **communication in healthcare** is to build trust between healthcare professionals and patients. In such settings, effective communication enhances understanding of the disease (Štifanić, 2013; Seljan et al., 2014; Kumar and Chattu, 2018; Chamberlain-Salaun et al., 2013), facilitates better long-term adaptation to illness, and improves treatment adherence (Swift et al., 2013; Richard et al., 2014). It is also key to patient satisfaction and, ultimately, has a significant impact on treatment outcomes (Phelan et al., 2018; Gudzune et al., 2014). Similarly, the **appropriate use of terminology in everyday interactions** can influence the development of interpersonal relationships and the success of the communication process.

Preferred terminology varies depending on the **individual and their linguistic and cultural environment.** For instance, in the *United States*, neutral terms like "weight" and "body mass index (BMI)" are more commonly used than direct terms such as "obesity," "excess fat," or "fatness" (Volger et al., 2012). A study conducted in *Australia* also revealed a preference for "BMI" and "weight" over terms like "fatness" or "excess fat" (Swift et al., 2013).

The importance of communication between doctors and patients is widely recognized, especially in highly developed countries, as evidenced by numerous studies, projects, and working groups within

professional associations. These initiatives analyze spoken and written language, the application of appropriate linguistic registers, and the use of terminology in healthcare communication. For example, the **European Society for the Study of Obesity (EASO)** launched the "*Language Matters: Obesity*" initiative, providing practical guidelines for communicating with individuals with higher body weight in healthcare contexts (EASO, 2020).

A study addressing the question, "How to start a conversation about excess weight?" demonstrated that subtle changes in terminology can significantly affect the course of treatment (Speer and McPhillips, 2018). As with other illnesses, labeling should be avoided (e.g., "diabetic" or "hypertensive"), and **person-first language** is recommended. This means referring to "a patient or person with obesity" rather than "an obese person or obese patient" (Kyle, 2014).

RESEARCH

This is **anonymous, cross-sectional online survey**, throgh online Google Form. The questionnaire was set on the project web-page. The program does not recognize, and therefore does not record information about the person who filled out the questionnaire, as well as their email address, thus ensuring their complete anonymity. The questionaire does not contain any identifiable personal information.

Dataset

Dataset consists of **1102 responses** from students in five countries (Croatia, Norway, Portugal, Slovakia, Slovenia), included in the Erasmus+ project Edu-Fit. At the beginning of the questionnaire the aim of the project Erasmus+, financed by the European Union, was described, with notice of possibility of giving-up at any time. Filling-in of the questionnaire lasted for about 2 minutes. The same questionnaire was set up in the following six languages: Croatian, English, Norwegian, Portugese, Slovak and Slovene. Table XX. shows dataset description consisting of acquired responses.

	Croatia	Portugal	Slovakia	Slovenia	Other
Total # of responses	394	325	172	208	3

Questionnaire

The questionnaire consisted of 11 questions. The first part was related to demographic and study information (country, gender, age group, study affiliation groups – technical, biomedical, biotechnical, social sciences, humanities, arts, then anthropometric measurements including height and body mass, and a yes/no answer to the statement "I think I have an inadequate body mass").

The second part consisted of 4 questions, designed to assess the preference for a particular term, used in the healthcare setting (among doctors, nurses, mnutritionists, in written medical documentation or given instructions) and in everyday environment (in daily converstaion with friends and family, in the print or electronic media. Four terms that name obesity were examined: fat, adipose, obese, chubby, on the following scale: completely disagree, mostly disagree, somewhat disagree, somewhat agree, mostly agree, completely agree.

RESULTS

Given the nature and type of data collected, the following analyses were performed: descriptive statistics for the total number of questionnaire responses and per four countries: Slovenia, Croatia, Portugal, Slovakia.

In order to process the responses on the acceptability of a particular term, the necessary adjustments were made to the database, which included changing the variables to a numerical type on a six-point scale, as follows: strongly disagree = 1, mostly disagree = 2, somewhat disagree = 3, somewhat agree = 4, mostly agree = 5, completely agree = 6. A higher number indicated a higher expression of the perceived term.

Figure XX. Shows the percentage of **responses per country.**

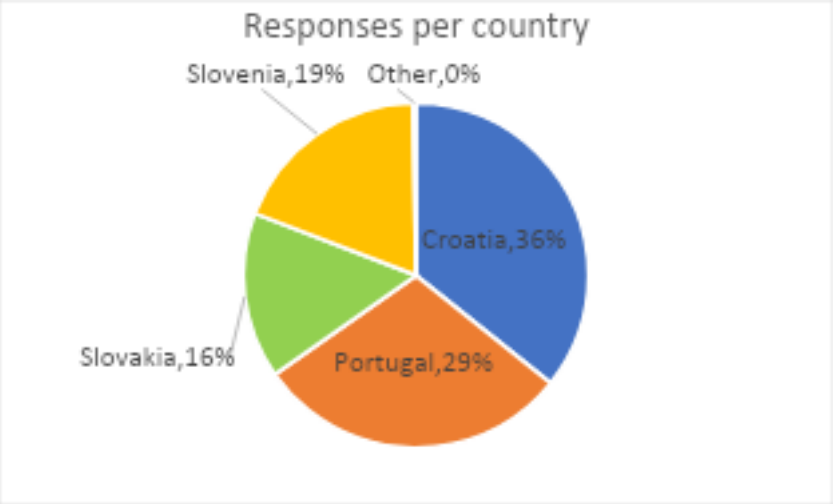


Figure XX. Shows the proportion of **responses per gender**

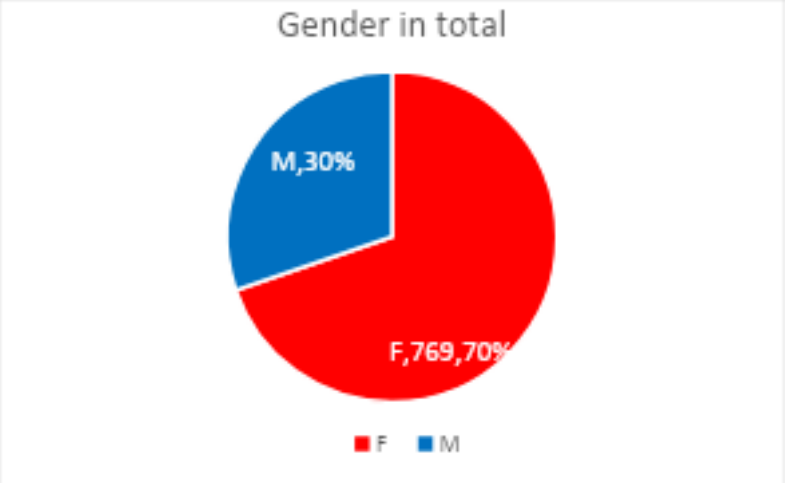
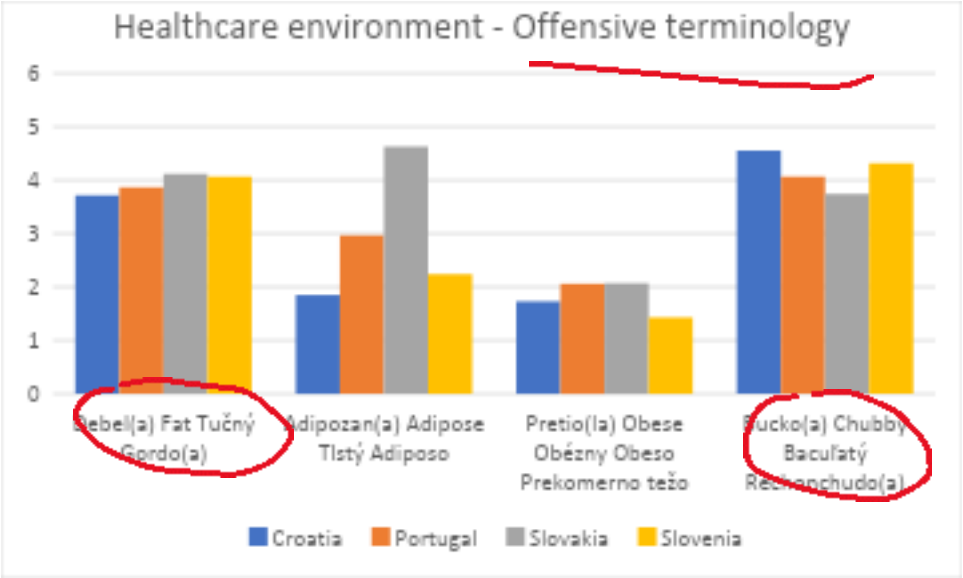
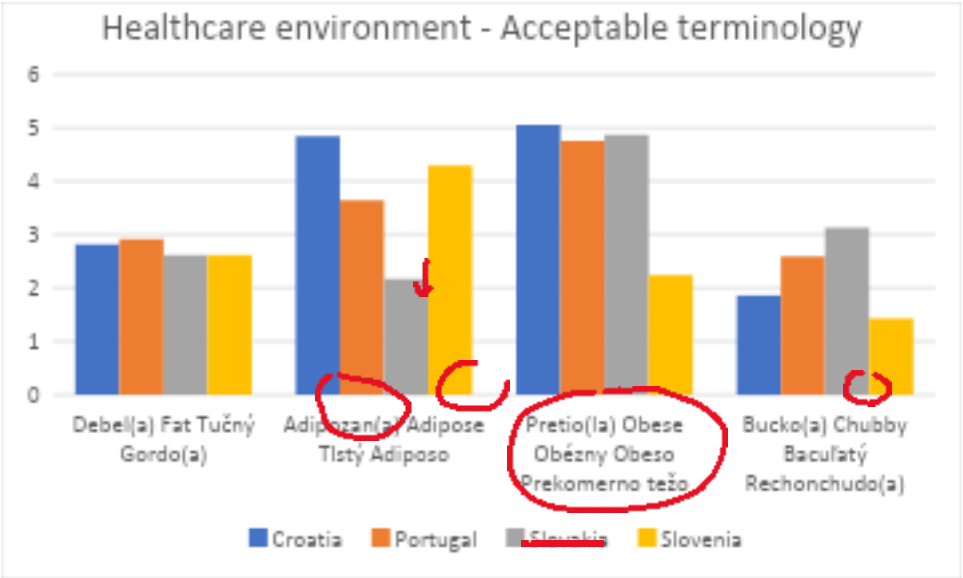


Figure XX. Shows the the **self-perceived average values for the claim: „I think I have unsuitable body mass“ .**

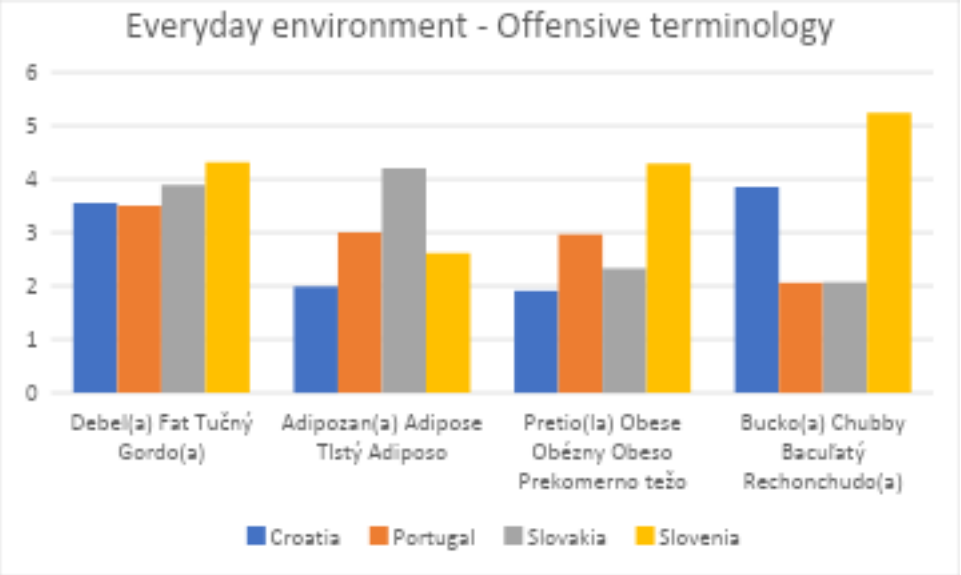


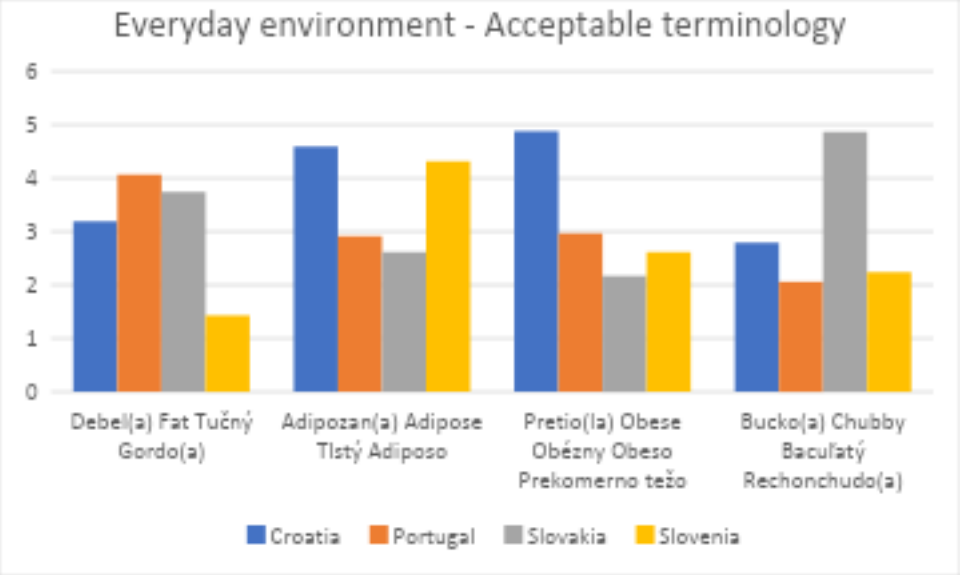
Figures XX to SX. shows the average values for **4 selected terms** perceived **as offensive or acceptable** accross four countries in **healthcare environment.**





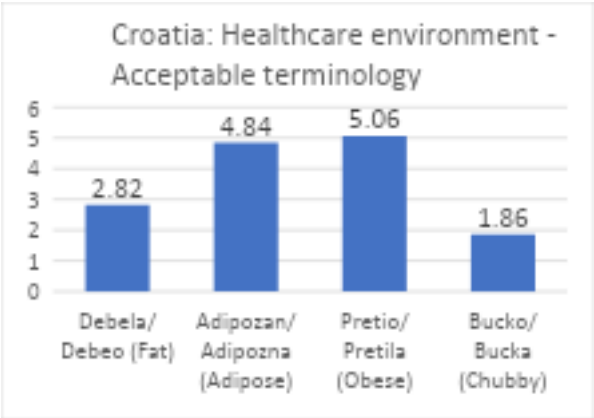
Figures XX to SX. shows the average values for 4 selected terms perceived as offensive accross four countries **in everyday environment.**

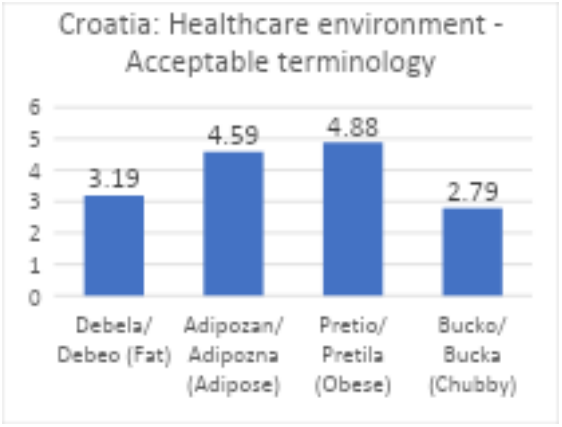




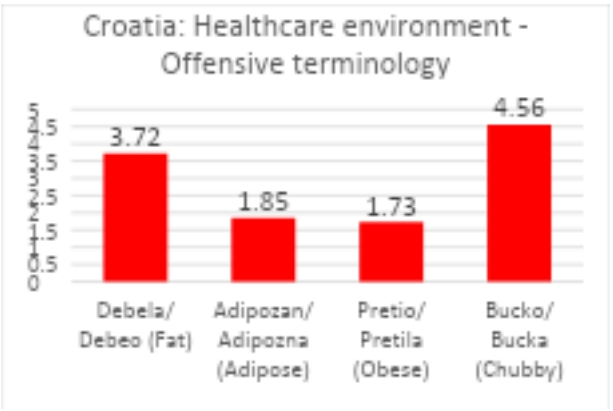
Croatia

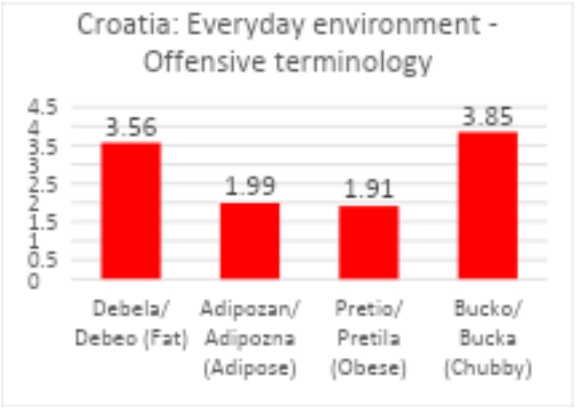
Figures XX and XX. show the mean values for perceived acceptable terminology in the healthcare and everyday environment for **Croatia**.





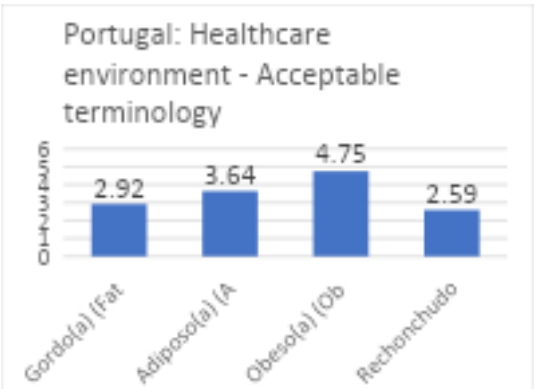
Figures XX and XX. Shows the mean values for perceived offensive terminology in the healthcare and everyday environment for Croatia.

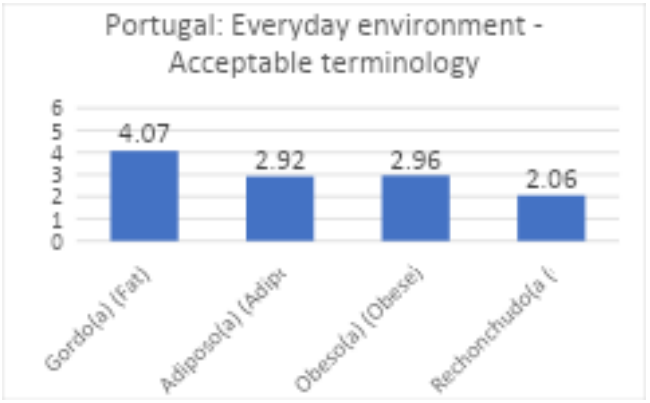




Portugal

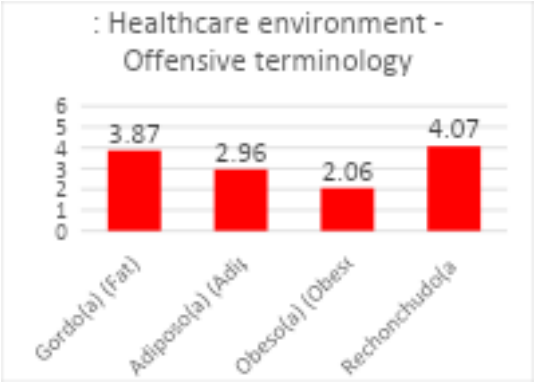
Figures XX and XX. Shows the mean values for perceived acceptable terminology in the healthcare and everyday environment for **Portugal** (Interesting: Fat/ Gordo is acceptable in everyday environment)

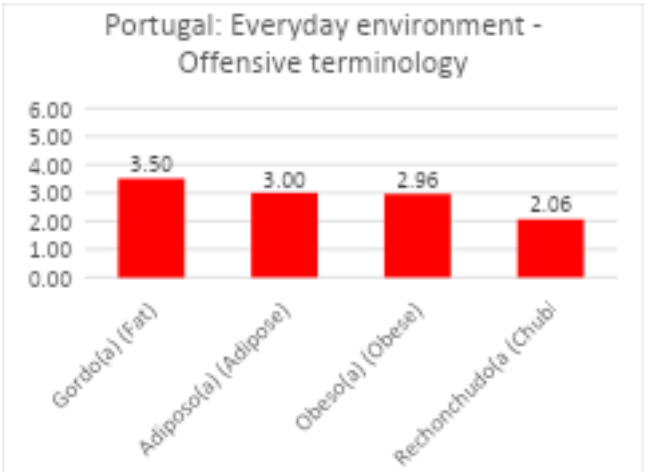




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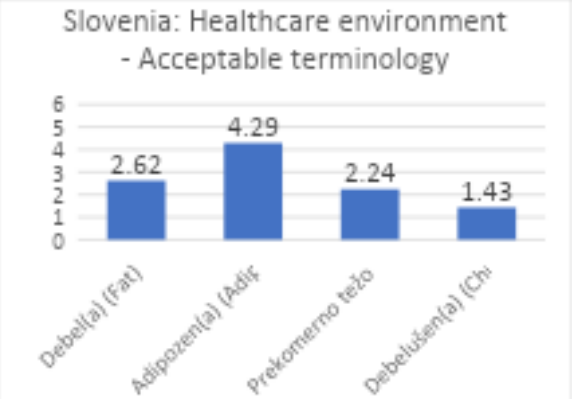
Figures XX and XX. Shows the mean values for perceived offensive terminology in the healthcare and everyday environment for Portugal (term gordo – in everyday enivornment is polarized – considered and offensive and acceptable)

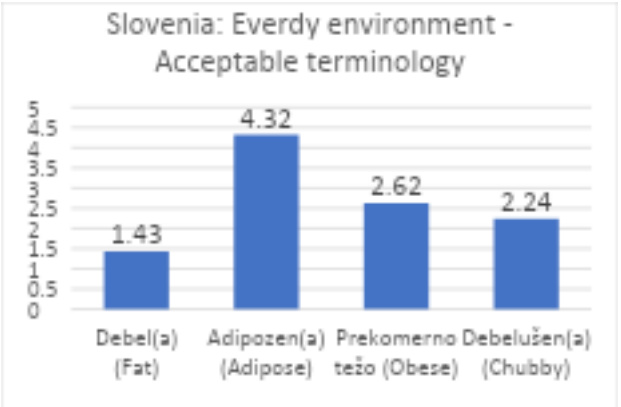




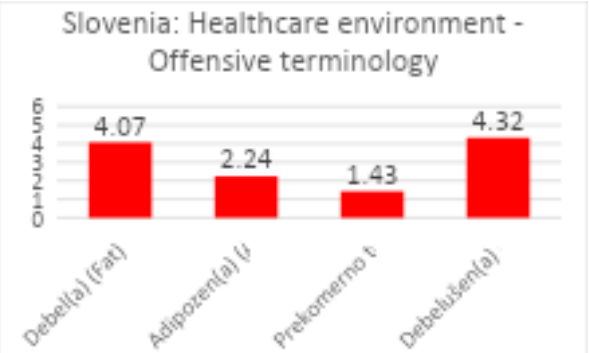
Slovenia

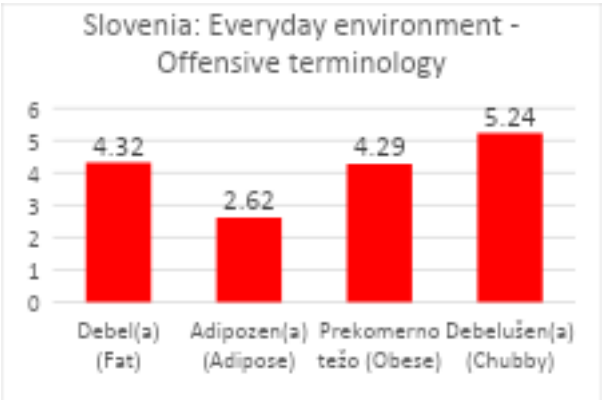
Figures XX and XX. Shows the mean values for perceived acceptable terminology in the healthcare and everyday environment for Slovenia. (adiposen is mostly accepted)





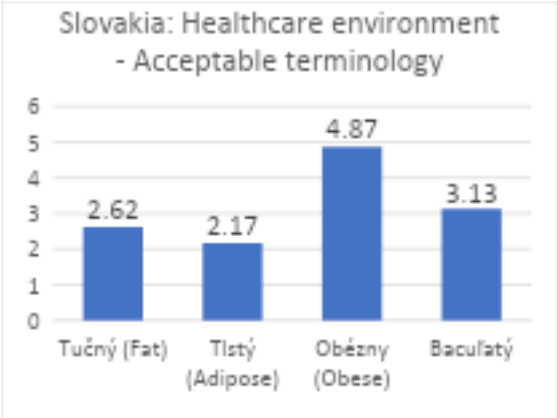
Figures XX and XX. Shows the mean values for perceived offensive terminology in the healthcare and everyday environment for Slovenia.

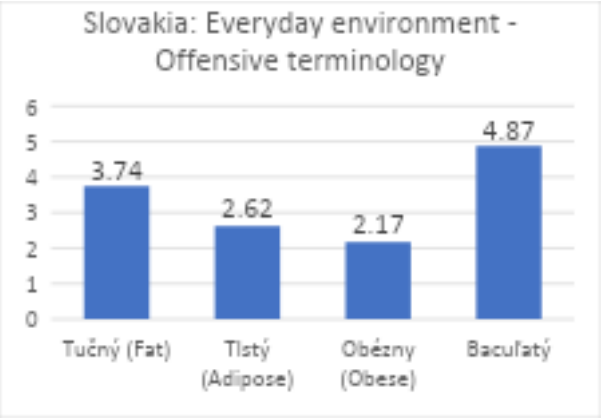




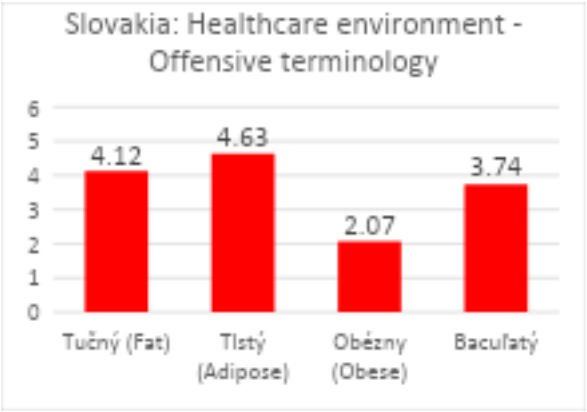
Slovakia

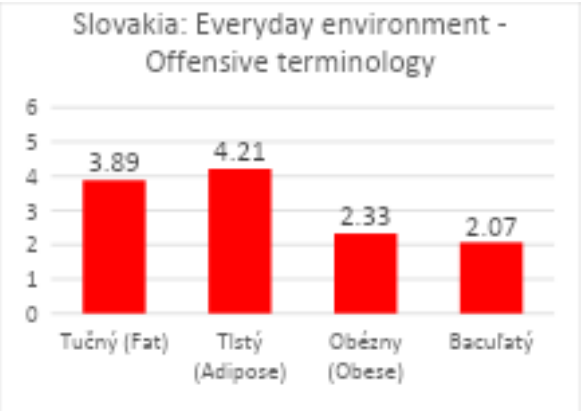
Figures XX and XX. Shows the mean values for perceived acceptable terminology in the healthcare and everyday environment for Slovakia. (Baculaty/ chubby and tučny/fat are accepted in everyday environment)





Figures XX and XX. Shows the mean values for perceived offensive terminology in the healthcare and everyday environment for Slovakia.





CONCLUSION

Terminology accros different countries is perceived in similar way in healthcare and everyday settings, however with some differences accross countries:

- In both environments, the most accepted term are *obese and adipose,* which belong to professional terminology, with some exeptions in Slovenia and Slovakia
- in Slovenia the term *adipose* is mostly accepted in both environment
- in Portugal the term *obese* is the most accepted in healthcare environment, while in everyday environment it it the term gordo(a)/ fat
- in Slovakia the termo *obese* is the most accepted in healthcare environment and chubby in everyday envirnoment

Offensive terminology has more variations accross countries, especially in everyday environment:

- Accross all countries, the most offensive term in all countries is *chubby followd by fat,* except in Slovakia,

- In Slovakia the most offensive term is *tlsty (adipose)* in healthcare environment, while in everyday environment the most accepted terms are (Baculaty/ chubby and tučny/fat are accepted in everyday environment)
- In Portugal, the term *gordo(fat)* is considered offensive, but at the same time the most acceptable, showing polarity in perceived acceptability in naming

- Professional terminology – preferred in healthcare environment (obsese and adipose, depending on the country)
- Terminology depends on cultural aspects, especially in everyday environment (e.g. popular terms accepted in Slovakia (chubby and fat), and not in other countries and in Portugal the same popular term has polarized perception, considerd both as accepted and offensive
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The mean numerical value of the variable of a particular term in the healthcare and non-health environment is shown (Figure 1), from the acceptable vs. unacceptable aspect.

, Shapiro-Wilk test to check the normality of the distribution, Mann-Whitney test to check whether there are differences in the assessment of offensiveness or acceptability of terms between respondents who differ in their satisfaction with their physical appearance, Kruskal-Wallis test between five groups of respondents and χ^2 test to analyze whether the groups of respondents differ in their satisfaction with their physical appearance.

The Mann-Whitney test was used to check whether there is a statistically significant difference between the groups of respondents in the situation of a health or non-health environment and the offensiveness or acceptability of the term.

The Kruskal-Wallis test was performed to examine differences in attitudes towards the terms examined at a risk level of 1% between the five groups of respondents, and a Dunn post-hoc test with Bonferroni correction was performed.