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Tipping point: factors influencing a patient's decision to proceed with bariatric surgery

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Abstract

Background: Despite the fact that bariatric surgery is the most effective intervention for morbid obesity, only a fraction of obese patients, even after undergoing evaluation for surgery, decide to undergo the surgery. Opting out by patients is fairly common yet little is known about factors that lead a patient to decide to undergo surgery.

Objective: The purpose of this qualitative study was to identify factors that "tipped the scales" in the patient's experience leading to a decision to move ahead with surgery.

Setting: The study was carried out in the bariatric surgical clinic of a southeastern regional medical center.

Methods: This qualitative descriptive study utilized semistructured interviews with patients (n = 24) at the time of their "decision visit" to determine the factors related to their positive decision to move forward. A modification of Colaizzi's procedural steps of analysis was used to extract, organize, and analyze data for central themes.

Results: Two main factors leading participants to decide to move ahead with bariatric surgery were their own worsening health issues and low energy levels that limited their activities. Participants also noted additional factors that impacted their "tipping point" such as financial considerations and family influences.

Conclusions: The decision to move ahead with bariatric surgery is influenced by many factors to which this research provides additional insight. Further research is warranted to fully understand this phenomenon and develop appropriate outreach and educational approaches. (Surg Obes Relat Dis 2016;▮:00–00.)

Keywords: Obesity; Bariatric surgery; Decision-making; Qualitative research

Bariatric surgery is now recognized as the most effective treatment for morbid obesity and has been shown to bring about not only sustained weight loss [1–3] but also amelioration or lessening of co-morbidities [1,2,4–6] The high prevalence of morbid obesity in the United States [7] suggests that a large number of patients might benefit from weight loss surgery, yet data indicate that only a fraction of obese patients who could benefit actually choose to undergo the surgery. Rates of bariatric surgery have plateaued in the US with only 1% of clinically-eligible patients opting for surgical intervention [8].

Anecdotal accounts suggest that patients who have been evaluated as good candidates for surgery frequently either delay or opt out of surgery completely. The reasons are not fully understood. Schauer et al. [9] in a recent study noted that of 200 patients enrolled in a bariatric surgery interest group only 33 had undergone surgery over a 12-month period and another 30 were planning to have surgery,

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leaving 137 as undecided or uncommitted. Those researchers noted that quality of life concerns and higher self-efficacy were predictors of who would have surgery. Similarly Pitzul et al. [10], examining attrition rates after referral for surgery, found in a retrospective chart review that only 36.2% of patients actually underwent surgery whereas 60.6% self-removed from the program. They indicated that the most common reason for leaving the program was noted on the records as "unknown." Wysocker [11] found that surgery was viewed as a last resort by patients who had no success with sustained weight loss.

For those who decide positively for surgery, it appears that some factor eventually brings patients to the "tipping point," i.e., the point in their reasoning where the scales tip in favor of having the surgery. The purpose of this study was to explore factors that brought patients to that "tipping point," in making their decision regarding bariatric surgery.

Materials and Methods

The setting was a bariatric surgery clinic in a southeastern regional academic medical center, an ASMBS Center of Excellence. Data was collected from December 2014 through January 2015 from a purposeful sample [12] that included morbidly obese adults over age 18 who had completed the evaluation process for bariatric surgery and were considering undergoing either a Roux-en-Y or sleeve gastrectomy procedure. These patients were being seen at the clinic for a final "decision visit"—the appointment when a patient is given his or her options for surgery and both the patient and physician make a final decision about proceeding. Both English and Spanish-speaking patients were eligible for inclusion. Approval from the University and Medical Center Institutional Review Board was obtained before beginning data collection.

All patients who kept their scheduled decision visit during the relevant time period were approached for inclusion in the study. This purposeful sampling procedure is common in qualitative research [12] and utilized to elicit information from individuals who can purposefully inform an understanding of the research problem [12]. The investigators did not know when approaching the patients whether they were deciding in favor of the surgery or not, but these patients comprised the target sample since they most fully exemplified the point of decision-making that was of interest to the investigators. Both English and Spanish-speaking patients were eligible for inclusion. Approval from the University and Medical Center Institutional Review Board was obtained before beginning data collection.

The research team consisted of 3 doctorally-prepared nurse researchers and a doctorally-prepared family therapist/social work researcher. Patients were approached by a member of the research team who explained the purpose of the study and reviewed the informed consent form with the patient. Patients were given an opportunity to ask questions before agreeing to participate. If the patient agreed to participate the same member of the research team who obtained the consent immediately initiated the interview. Twenty-six patients were approached for inclusion in the study and, of these, 25 agreed to participate. One patient declined to participate, stating that he simply did not like "talking about himself." Twenty-five interviews were conducted, and at that point, the investigator agreed that they had reached a point of saturation [13], the point at which no new themes were emerging. Unfortunately, it was found that 1 interview could not be transcribed. Thus 24 interviews formed the basis for the analysis.

The interview guide was developed by the investigators based on research experience of 2 investigators and personal experience with bariatric surgery of the other 2 investigators. Information gained from a review of the literature, particularly the Schauer article [9], also was used in development of the interview guide. The interview guide did not change during the course of the interviews.

Following the patient's informed consent, semistructured interviews were conducted and these ranged from 10 to 45 minutes in length. The grand tour question was, "Tell me what made you decide to have bariatric surgery at this time?" Subsequent probing questions focused on factors identified by the patient. All interviews were digitally recorded, saved with a participant code to protect the anonymity of the participant and transcribed verbatim by a research assistant. To assure that the transcripts were complete and accurate, each participant was offered the opportunity to review the transcript of his or her interview. Member checking [13] is a verification strategy commonly used in qualitative research to ensure credibility (internal validity). Each participant was emailed a copy of his or her transcribed interview at the email address the participant provided at the time of the interview for this purpose, and was offered the opportunity to make corrections by either email or telephone and given the relevant contact information. Each was also instructed that if he or she wished to make no changes there was no need to respond. Four participants sent return emails indicating there were no changes and the others simply did not respond. Table 1 provides the demographic data of the study participants.

Analysis

Utilizing a modified application of Colaizzi's procedural steps of analysis [14], the research team individually reviewed the verbatim transcripts, highlighting the significant statements and possible meaning. The investigators then met and agreed upon the significant statements and formulated meaning and then grouped these common themes into clusters. These clusters were then examined and distilled into 2 emergent themes that informed the