



Original article

Surgical weight loss as a life-changing transition: The impact of interpersonal relationships on post bariatric women



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ABSTRACT

Surgical Weight Loss as A Life-changing Transition: The Impact of Interpersonal Relationships on Post-Bariatric Women

Background: Although women account for 80% of patients having bariatric surgery (BS), the complex psychosocial mechanisms that accompany this transformation process have not been well established.

Purpose: The purpose of this study is to explore the lived experience of women transitioning in their interpersonal relationships post BS.

Methods: A semi-structured interview with four questions was used. Six women, from six to 12 months post BS, were interviewed. The interviews were recorded, transcribed and analyzed using thematic analysis.

Main Findings: By seeking support systems prior to undergoing BS, adequate social support was received during their recovery period. Attending bariatric support group meetings and using social media were significant to these women's satisfactory recovery. Relationship adjustments were sometimes needed, but overall these women established fulfilling social lives. Within the first year post bariatric surgery, women began to gain emotional strength and inspire others to lose weight as well.

Conclusions: By inquiring about the psychosocial concerns of women who have undergone BS, healthcare providers can provide a more practical wellness plan.

Obesity, defined as having a Body Mass Index greater than 30 kg/m², affects more than one third of adults in the United States (Bray, 2016). Major health risks associated with obesity include diabetes, heart disease, hypertension, sleep apnea, stroke, metabolic syndrome, osteoarthritis and reproductive problems. Managing these obesity-related medical risks is one of the most complex issues healthcare providers face (Buchholz, Huffman, & McKenna, 2012). There is a vast psychosocial component healthcare providers also must take into consideration, along with the physical health problems obese people encounter. Depression and anxiety are three to four times more common in obese patients (Gilmartin, 2013). Weight stigmatization, depression and anxiety cause more mental health issues in obese women than men (Gilmartin, 2013; Lynch et al., 2010).

When diet and exercise alone fail, bariatric surgery becomes the only option for those suffering from serious obesity-related health problems. Bariatric surgery involves reducing, removing, or resecting a part of the stomach to achieve weight reduction. Types of bariatric surgery include laparoscopic adjustable gastric banding (LAGB), laparoscopic sleeve gastrectomy (LSG), and Roux-en-Y gastric bypass (RYGB). In the United States, the most common procedure is the laparoscopic sleeve gastrectomy (Buchwald & Oien, 2013). It involves

removing 75–80% of the stomach, restricting the capacity of food that the stomach can hold. Merits of the LSG include the ease of its technical aspects, shorter hospital stay as well as good weight loss results (McGraw & Wool, 2015).

Women account for 80% of those having BS, although the reasons are poorly understood (Ouyang, 2017; Kolotkin et al., 2008). A main reason women seek BS, aside from health-related reasons, pertains to their appearance (Correra, Valdez, & Graf, 2012; Jensen et al., 2014). The prevalence of women seeking BS also may be attributed to their health-seeking behaviors; women are more apt to seek medical services than men (Kolotkin et al., 2008).

Bariatric surgery offers the greatest hope of continued and successful weight loss (McGraw & Wool, 2015; Sutton, Murphy, & Raines, 2009). It is described as “life-changing”, causing a woman to face rapid physical changes as she tries to adjust to her new body image and appearance (Sutton et al., 2009). Reedy and Blum (2010) identify transition as a central concept integral to the nursing care of bariatric patients. Most transitions are the result of critical turning points or events, such as the decision to have BS (Meleis, Sawyer, Im, Hilfinger Messias, & Schumacher, 2000). Psychological distress and a new vulnerability in social situations may ensue, as the woman's body is changing faster

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than her internalized social perception of her “new self” (Gilmartin, 2013; Jensen et al., 2014). Depression plaguing an obese woman prior to BS may continue to be prevalent post surgery (Gilmartin, 2013; Kolotkin et al., 2008).

Many transitions a post bariatric woman experiences will affect not only her but her relationships with others in her life as well. As physical and psychological changes related to BS are closely intertwined, healthcare providers are challenged to detect patients who are at risk of continuing psychological distress (Gilmartin, Long, & Soldin, 2013; Reedy & Blum, 2010; Sutton et al., 2009). They are at the forefront to provide these patients with holistic care to help with the successful navigation through the psychosocial aspects of this life-changing surgery.

Although there seems to be adequate postsurgical physical care following BS, there appears to be a lack of postsurgical psychosocial follow-up support for these patients (Clark, Saules, Schuh, Stote, & Creel, 2014; Sutton et al., 2009). More information on how post patients post BS transition in the psychosocial realm needs further exploration to effectively support patients and allow healthcare providers to give holistic care (Clark et al., 2014; Reedy & Blum, 2010; Sutton et al., 2009). Differences in gender-related changes in health-related quality of life after BS also need further research (Jensen et al., 2014; Kolotkin et al., 2008). More information on how bariatric patients transition in the psychosocial realm needs further exploration to effectively support patients and healthcare providers to give holistic care (Clark et al., 2014; Reedy & Blum, 2010; Sutton et al., 2009). The purpose of this study was to explore the lived experience of women transitioning in their interpersonal relationships after bariatric surgery.

1. Methods and materials

1.1. Design

To understand how the interpersonal dynamics of post bariatric women are affected, a descriptive, phenomenological approach was taken. The study received Exempt status from the subgroup of the institution's Protocol Review Committee (PRC). The PRC determines if a study protocol needs to be submitted to the Western Institutional Review Board. The principal investigator (PI) conducted in-depth conversations with participants to understand their lived experience post BS, and its effect on interpersonal relationships (Streubert & Carpenter, 2011).

A semi-structured interview, using the following four questions, encouraged women to tell their story in their own words: Can you describe what your family relationships were like during the first six months of having your weight loss surgery? How would you describe the care your spouse and/or immediate family members gave you during your recovery period? As a post bariatric patient adjusting to your new diet and physical transformation, from whom did you draw the most emotional support to help you through this? Can you describe any situation where you were surprised by the effect your weight loss transformation may have had on your relationships with the people in your life? Follow-up probes were used to elicit more detailed information. The intention of these semi-structured interviews was to obtain as rich and in-depth detail of the phenomenon as possible (Polit

& Beck, 2017). All the interviews were held in a private room within the healthcare setting. Informed consent and consent for audio-taping of the interview, as well as a brief demographic data survey, were obtained first. The interviews lasted from 12 to 30 minutes.

To demonstrate trustworthiness in this qualitative inquiry, and accurately describe the study participants' lived experience, credibility, confirmability, transferability and dependability were the criteria used (Lincoln & Guba, 1985). Credibility was established by immersion in and dwelling with the data at length as the researcher transcribed all the interviews. Peer debriefing was conducted with a Nurse Scientist who read each transcript and compared her themes with those of the researcher to provide confirmability. To enhance transferability, rich and in-depth descriptions of the text were used in the extraction of themes and subthemes. Dependability was assured as the researcher recorded and transcribed each participant's interview verbatim and clarified unclear parts of audio-taped interviews by checking with two participants. Participants also were emailed a Summary of the study's results.

1.2. Subject population

Purposive convenience sampling was utilized, whereby volunteer participants were selected based on their knowledge of the phenomenon. Permission to obtain access to them was obtained from a New York bariatric surgery practice. Inclusion criteria specifically enrolled female patients between the ages of 23 and 60, who had BS within six months to one year of interview time. Exclusion criteria included women who had lap band surgery or postoperative complications and were not fluent in or had difficulty speaking and understanding English. Participants were recruited by the researcher attending monthly Bariatric Support Group meetings, and by snowballing, or using one informant to find another (Polit & Beck, 2017; Streubert & Carpenter, 2011). Six women were included in the study; recruitment ended when data saturation was reached, whereby no new information was gotten and redundancy occurred (Polit & Beck, 2017). The demographic characteristics of these women are provided in Table 1.

1.3. Data analysis

Braun and Clarke's Braun and Clarke (2006) thematic analysis was used to analyze interview data. This method sought to identify themes related to the research questions that are imbedded within the interviews. The PI became immersed in the participant's personal story and became familiar with the data as each interview was transcribed. Next, data related to the phenomenon were extracted and initial codes to give meaning to the data were identified. Data then were organized into potential themes. When all interviews were coded, common themes capturing key concepts began to emerge and were named. Table 2 provides an example of the process. The ensuing report describes, with meaningful and fascinating extracts from the interviews, the lived experience of the participants as it relates to the purpose of this research.

2. Results

Four major themes regarding the impact of interpersonal

Table 1
Post bariatric surgery participants' demographic characteristics (N = 6).

Participant	Months post BS	Age	Marital status	Ethnicity	Highest level of education	Employment status
1	8	42	Married	Caucasian	Other	Employed full time
2	6	44	Divorced	African American	College/university	Employed full time
3	8	39	Single	Caucasian	College/university	Employed full time
4	10	57	Married	Caucasian	High school	Employed full time
5	8	39	Single	Latino	College/university	Employed full time
6	7	41	Single	Caucasian	College/university	Employed full time

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