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EFFECTS OF FAMILY INFLUENCES ON THE PATIENT PLANNING TO UNDERGO  
BARIATRIC SURGERY

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### Abstract

Background: Obesity is a health issue with more than one-third of adults in the United States being considered obese (Odgen, Carroll, Fryar, & Flegal, 2015). Obesity can cause serious health problems such as diabetes but having bariatric surgery can remit the condition. Despite the known benefits, some wait many years before deciding to have surgery (Roberson Neil, Pories & Rose, 2016). Since many rely on family for decision-making the purpose of this study was to determine what influence a patient's family has on the decision to choose bariatric surgery.

Methodology: For this qualitative descriptive study, a secondary analysis of previously collected de-identified interview data was conducted. There were 24 participants who were interviewed during an appointment at the bariatric surgery clinic where they decided to undergo bariatric surgery.

Data Analysis: The researcher and the mentor read the transcripts literally, first to gain a flavor of the conversations and then to mark comments thought to be related to family influence on surgery decisions. After individual review, the two met to organize the data. Lastly, there was consensus and the themes finalized.

Results: Four main themes of influence were identified. Participants were influenced by their desire to improve quality of life with their family and to be a role model for their children. One said, "I want to be there for my kids." There was a prevalence of family/marital factors that could be positive or negative influences and were often described as a family member previously against, but now supporting surgery. Finally there was motivating influence from successful other contacts that had had bariatric surgery.

Conclusion: There is a considerable difference in the number of obese patients who are eligible to undergo bariatric surgery and the number who actually undergo the surgery. For this sample,

family could influence the decision to choose surgery when the patient wanted to improve quality of life, be a healthy example for children and when the family supported the patient, encouraging their success. The influence of others who had bariatric surgery was noted and should not be discounted. Including the family and significant others in the patient pre-operative counseling may be helpful and may aid the nurse's ability to create an individualized care plan for the patient and their family.

### Effects of Family Influence on the Patient Planning to Undergo Bariatric Surgery

Obesity is a growing health issue with more than one-third of adults in the United States being considered obese (Odgen, Carroll, Fryar, & Flegal, 2015). Individuals who are obese can have a variety of health, mobility and social issues. Bariatric surgery, also known as weight loss surgery (WLS), is usually considered when people cannot lose weight other ways. WLS is considered the most successful option for sustained weight loss (Mechanick, et al., 2013). While weight loss is the obvious benefit, surgery also relieves many of the comorbidities bariatric patients have such as diabetes and hypertension.

Some patients, who are good candidates for WLS, never consider the procedure. There are many factors that can effect patients' decisions to undergo surgery such as financial stability, opinions of health care providers, perceptions of WLS, comorbidities and family support. Although it is clear in the literature that choosing WLS is a complex process it is not as clear how the decision is influenced by family support. With the continuously growing problem of obesity, understanding the person's decision-making processes when deciding to choose WLS is vital (Roberson Neil, Pories & Rose, 2016). Healthcare providers need to understand why eligible patients are not opting to take advantage of WLS or delaying the decision.

### **Background**

Obesity is defined by the Centers for Disease Control and Prevention ([CDC], 2016) as a body mass index (BMI) of 30 or greater. The impacts of obesity on a person's health are estimated to cause 400,000 deaths per year (Ragus, Harmon, & Conrad, 2011). Obesity also has a large financial impact in the United States, costing more than \$147 billion in medical expenses (Odgen, et al., 2015). WLS is recommended for patients with a BMI greater than or equal to 40 or a BMI of 35 or greater with two or more comorbidities. Co-morbidities typically include Type

2 diabetes (also known as insulin-resistant diabetes) and/or hypertension. While many could benefit from WLS, less than 1% of the eligible population opts to have the surgery (Mechanick, et al., 2013).

WLS has been proven to successfully remit type 2 diabetes and in many cases, result in control of hypertension with reduced or no medication therapy (Padwall, et al., 2011; Roberson, et al., 2016). Despite understanding chronic diseases such as diabetes and hypertension may be cured with WLS, some patients do not pursue the procedure. Some reasons patients may not seek WLS included surgical risks and complications, cost of surgery, and the process of being approved for WLS (Yang, et al., 2013). Family has been shown to be both positive and negative influences on a person's health or healthy choices (Liebl, Barnason, & Hudson, 2016). Furthermore, the patient's decision to proceed with WLS may be influenced by their family. Each family, like every patient, is unique and comes with their own opinions and beliefs (Verkerk, et al., 2014). Understanding the impact family members may have on a patient's decision to undergo WLS could shape the nurse's ability to create an individualized care plan for the patient and their family.

The importance of different kinds of social support can shape healthcare experiences and lead to targeted clinical interventions and harbor trusting relationships between healthcare providers and patients (Gage-Bouchard, 2017; Sharman et al., 2016). A study designed to improve the understanding of social support on healthcare decisions and outcomes, found that social support is a positive flexible resource that can assist and support patients in many aspects of WLS (Gage-Bouchard, 2017). There is some literature that demonstrated the family influence on WLS decision making. One of the reasons frequently cited by patients for not undergoing WLS was a lack of support from family members (Groven & Engelsrud, 2015). In situations

where patients had limited family support or in situations where the patient's family had a negative view of the surgery, the patients frequently opted out of WLS. In one study, familial impact was a factor that 20.5% of the participants listed as a reason for self-removal from a WLS program. Some of the reasons patients listed were, "Talked to my mum about it and she didn't like it," and "My husband felt it was too dangerous" (Yang, et al., 2013, p.106). Without support from family and loved ones, it was difficult for patients to commit to what was viewed as a big change. Many patients were already nervous about surgery, but without support from family, undergoing WLS seemed impossible (Woodworth & Jones, 2013).

Conversely, some published research showed that family support was the motivating factor for patients to choose WLS. To increase the number of patients who have WLS and the number of positive outcomes of WLS, research suggests that treatment needs to focus on the social influences in a patient's life including the role of the family on the decision (Gorin, Powers, Koestner, Wing, & Raynor, 2014).

Family influences may effect bariatric patients' decision to have surgery and they may influence a patient's success after WLS. Even in the early days of WLS, family dynamics were shown to be strongly related to health maintenance and promotion (Barbarin & Mildred, 1985). Although historically a support system is needed for most patients before undergoing WLS, the patient's family may not provide the best support for important lifestyle changes in the post-operative period (Barbarin & Mildred, 1985; Liebl, Barnason, & Hudson, 2016). Healthcare providers were key in determining whether the family was supportive and was working in the best interest of the patient (Barbarin & Mildred, 1985). "Positive support may provide the opportunity for an individual to place personal health needs as a priority. Negative influences, regardless of when they are encountered should be blocked out, avoided or contact may need to

be eliminated” (Liebl, et.al., 2016, p. 959). The process of weight loss for the patient is a constantly evolving process. The patient must learn how to identify and modify or eliminate negative influences to be successful with WLS (Liebl, et al., 2016).

Bariatric patients and their families are intertwined in many ways. Many individuals who are considered obese have family members who are also obese. This tendency continues among obese couples who have spent a lot of time together (Lent, et al., 2016). The couples tend to adopt each other’s habits, but can include positive health behaviors as well. For example, if one member of the household undergoes WLS, health improvements and weight loss can usually be seen in the other members as well (Lent, et al., 2016; Pories, et al., 2016). For many of the mothers that were interviewed in a study by Groven and Engelsrud (2015), they referred to themselves as “bad moms” and they thought they would be “good moms” or at least perceived as “successful moms” once they lost weight. Gaining a better understanding of the impact that family members can have on WLS decision making may help nurses better prepare the patient for surgery or even help those best candidates choose the surgical option.

### **Purpose of the study**

The purpose of this study is to gain a better understanding of family influence on the patient’s decision to undergo WLS. The amount of support needed for successful surgery outcomes is well-documented in the literature; however, how the family influences the actual decision to have WLS is not well understood. By focusing specifically on how the family influences the surgical decision, nurses will better understand that influence, potentially learn how to provide support for the patient and family members and hopefully increase the number of eligible patients to have WLS. The research question was: when patients are deciding on WLS, what influence does their family have on their decision?

### **Methodology**

This qualitative descriptive study was a secondary analysis of previously collected interview data. The sample was 24 participants who were interviewed at their decision visit, that is, the appointment at the WLS clinic where they decided to undergo WLS. The site was a large bariatric clinic that was recognized as a national center for excellence. This secondary qualitative analysis examined the influence of the families on the patients' decision to undergo WLS. The original study from which the interviews were collected had broad aims of determining the tipping point, or events that created the impetus for the patient to choose WLS at that time.

Originally, verbatim transcripts were made from digitally recorded interviews with the patients who were planning on undergoing WLS. Using the typed, de-identified transcripts the research team for this secondary analysis used the following analytical process. This study was approved by the University Medical Center Institutional Review Board.

### **Data analysis procedure**

Both team members individually read the transcripts literally, first to gain a flavor of the conversations and to begin identifying comments related to family influence. Next the transcripts were re-read with excerpts of participants' comments highlighted to inform the description of how family influenced their decision to have surgery. Those excerpts were organized by positive or negative influence and into themes. Using data analysis as described by Mason (2002), a separate set of notes or memos were kept, tracking the researcher's thoughts and impressions leading the analytical decisions made. During the analysis, the researchers wrote down perceptions of the transcripts to make sure personal bias did not influence the analysis process. Stemming from the belief that a researcher cannot be objective, it is necessary to frequently examine thoughts and feelings and separate them from the information at hand (Mason, 2002).

The lead faculty (Roberson) conducted a parallel review of the transcripts and the student researcher and faculty met to arrive at consensus on the themes. Finally, there was a team meeting to name, define and illustrate with quotes the themes that described family influences on the decision to proceed with bariatric surgery. A secondary faculty mentor reviewed the final analysis for accuracy.

### **Results**

There were four themes determined to describe family influences on WLS decision making. Pseudonyms were assigned for reader clarity. The first theme was called role modeling. Role modeling was how the patient wanted to set a good example for the family such as children or sisters. Mary said, "I have girls, so to be more active with them and just teach them how to be healthy and have a longer life with them." Similar sentiments were expressed by other participants. Sarah stated, "I want to set a good example for them that it's not good to be heavy, to take care of yourself, to care about your health." When describing her motivation to get WLS, Mollie stated that she wanted to do it to inspire her mother, who was also a potential candidate for the surgery. Mollie stated, "I keep telling her she's never too old to lose weight."

The second theme was quality of life with children. This theme includes participants expressing a desire to be more active in their children's life. Improving quality of life with children was one of the most prominent reasons that participants mentioned in the transcripts. Mollie's main motivation for WLS was her children. She struggled with her ability to care for her children's safety. Mollie expressed her fears stating, "The biggest thing that ever made me want to start losing weight is when my baby boy, was running in the street and I could hardly catch up to him." She also wanted to be able to participate in exciting experiences with her children. She described a time she took her children to an amusement park but was unable to ride any of

the roller-coasters because the seat belt would not fit her, “It’s embarrassing. People look at you funny. Part of me doesn’t care what people think, but it’s more of a situation where I want to be able to experience things with my children.” Participants quality of life with their children were affected at different levels of severity. Some participants were limited and not able to participate in some social aspects of life while others were unable to even participate in everyday activities. Hannah had many obstacles when trying to spend time with her family, she said, “I slept seven days a week all the time, missed all my kids’ functions. I made a situation to where I didn’t take care of myself or my children.”

The third theme was family and marital factors, which are positive or negative influences and include previously unsupportive or uncommitted family members who are now supportive, push back from a family member, or active support for WLS. One participant, Emily, had a family member who had undergone successful WLS. The family member constantly pushed Emily to consider WLS and continued to support her through the process. Emily commented about her family’s support stating, “He really nagged me. He still nags me. He’s one of my biggest supporters. He’s going to fly down when they do the procedure.” Emily’s support from her family was always positive while some other participants experienced negative influences. Amy initially approached her family with the idea of WLS years ago. Her son was completely against the idea. He was too concerned about the risks of surgery and would not offer his support for the procedure. About five years later, Amy once again brought up the idea of WLS, this time she was determined, and her family was supportive and felt more confident with the technology available to perform the surgery. One unique response about deciding when to undergo WLS was from Cathy, who stated, “You want the kids to eat healthy, but you can’t make them do what you do for yourself-- I don’t think it’s fair to make them do that. Make them eat baked chicken

every day when they want fried.” She chose to delay undergoing WLS because of her family’s lifestyle. Most participants were influenced by family members words of encouragement but a few participants were motivated by the health issues of older generations. Tonya was first ready to consider WLS when she found herself following down a similar path as her mother. “My mother passed at the age of 54 from a massive heart attack, and she was severely overweight at the time. Yeah, when I felt those real bad pains and I had to go the hospital and I thought I was having a heart attack, I didn’t want to leave my kids as early as my mother had left us. I’m 43, and my mother passed at 54; there’s 11 years difference.” Sarah had a similar experience with family members dying from health issues related to obesity. Many of her family members were overweight their whole lives and Sarah saw their constant struggle to live and didn’t want to end up in the same situation.

Other’s success with WLS was the final theme. This theme was not specifically family influences, but were influential contacts (with the exception of 2) who had successful WLS and were an example for the participant. In the case of the two who knew others who were not successful, they had determined the cause and seemed prepared to avoid their errors. Many mentioned how they saw the success of a coworker or friend which supported or led to their own decision to undergo WLS. Jackie stated, “seeing the success rate of people I normally wouldn’t have thought would have gone through it,” encouraged her to consider WLS.

### **Discussion**

Based on the results of this study it was clear that for this sample, family was an influence on the decision to have WLS. There are various ways that family members influence patients to undergo surgery. As seen in the literature, the spouse of the patient was encouraging the weight loss and was supportive of WLS (Edward, Giandinoto, Hennessy, & Thompson, 2016). Some

patients wanted to be around for their children and to have an active role in their child's life. As Groven and Engelsrud (2015) found, being with children was a motivating factor. While many participants mentioned their children, some also wanted to be a role model for other members of their family that were struggling with obesity. The various family and influential contacts were significant in the patients' decision-making process to undergo WLS.

The two most common themes were role modeling and quality of life for children. For many of the participants their weight was negatively impacting their children's lives, and thus, was a great motivating factor for WLS. In one article, patients stated that they wanted to be a positive role model for their children and "not the fattest mom in the class" (Groven & Engelsrud, 2015, p. 368). Many of the participants also expressed their fear that their children were starting to develop the same unhealthy habits that could lead to obesity. They hoped that by changing their health and making positive lifestyle changes their children would not have the same issues with obesity.

Additionally, patients discussed how obese family members had negative health outcomes and as such, served as motivation for them to make a lifestyle change. Many participants mentioned older generations that have died because of comorbidities stemming from obesity. A few participants mentioned their children's health complications, such as type 2 diabetes, factoring into their decision for WLS. They hoped that making a change for themselves would trickle down and positively impact others. Commonly, the fear associated with having the same health outcomes that their family members suffered from was the final push participants needed to begin the process towards WLS.

The influences from other's success was always mentioned positively by the participants. Seeing others transformations from WLS allowed the participants to see the possibilities for

change in themselves. Even the few participants who had contacts who had unsuccessful WLS, these contacts were still motivating because the participants identified how they were not adhering to the diet or the follow up required after surgery and said those were correctable causes of failure. The participants were able to make plans for themselves to ensure that they did not follow down the same path and increase their chances for successful WLS.

### **Limitations**

The results are limited by the characteristics of the sample and further exploration with patients in other regions may be helpful. Although the researcher was a novice, the presence of established research mentors balanced the level of experience and improved the validity of the analysis. The use of secondary qualitative exploration is a good use of rich data that honors the participants words to inform nursing care.

### **Conclusion**

There is a considerable difference in the number of obese patients who are eligible to undergo WLS and the number of obese patients who actually undergo the surgery. Looking deeper into what motivates obese patients to undergo WLS can provide a greater insight into why many obese patients choose to not undergo surgery. This will hopefully lead to changes in the process and/or perception of WLS and lead to a greater number of patients opting to have WLS.

Until more patients decide that WLS is the correct course of treatment on their own, it is the role of nurses to support, encourage, and educate patients about the benefits of WLS (Liebl, Barnason, & Hudson, 2016). It is necessary for nurses to not only support the patient, but to also support the family. By focusing on health education for entire families instead of just targeting children at school or one of the parents at an annual physical, there may be room to affect change

and foster supportive environments in families' health choices. Learning how to best involve the family in the process will lead to a more educated population and higher retention rates of patients considering the procedure.

If the patient does not have a strong support system in place, it is the role of healthcare providers to help the patient find a support system. Understanding the critical social support needs for WLS patients can influence future support services implemented in healthcare systems. Healthcare providers' knowledge of the process of WLS allows them to act as an advocate and provide additional support for the patient (Neil & Roberson, 2015). The participants in this study provided rich examples of how elements of family support can be used by the nurse to improve WLS decision making.

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