



Bariatric Surgery and Weight Management Programmes

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Abstract

The research aims are: To gain a more exact appreciation of the different aspects of a therapeutic group process for distinct population groups i.e. people undertaking bariatric surgery.

Identify group experiences of psychological rehabilitation that members find most and least beneficial to promoting good health related behaviours in relation to weight management.

Explore each group member's experiences of working in a group setting and consider the generalisability to other support group programmes supporting well being.

Recognise organisational attainments and insufficiencies in the delivery support group programmes.

Keywords: Bariatric Surgery; Weight Management; Surgery

Introduction

In the United Kingdom (UK), weight management surgery has increased exponentially between the early 1990s up to the present day. While an expensive and potentially risk-laden surgical procedure, the benefits can be significant in both terms of health and health care economy.

Weight management surgery can reduce obesity related physical health risks, including type 2 diabetes and cardio vascular problems. Psychological benefits are also notable and include raised self-esteem, together with improved mood and general optimism resulting in better opportunities to enjoy relationships and life more generally [1].

National clinical guidelines

The UK's National Institute for Clinical Excellence (NICE, 2002) provides helpful guidelines for treatment and care of adults undergoing weight management surgery: Later amendments include

procedures for surgery with adolescents, reflecting the growing national concern for obesity in younger adults.

The guiding principles offer a framework for considerations to ensure safe and ethical treatment and include a recommendation for psychological assessment and ongoing psychological support.

Nonetheless, they do not give detailed or specific points of reference for the type of psychological assessment, preparation or ongoing care available to people undertaking such life changing events.

Subsequently, this may result in healthcare professionals overlooking a critical area of professional practice. Without clearly thought out national directives concerning psychological care, healthcare professionals may view psychological preparation and on going support as less important than physical aspects of screening, assessment and ongoing support. Correspondingly, psycho-

logical difficulties may go unnoticed with the potential for further health related problems.

Glinski, *et al.* [2] argued that: Morbid obesity is a behaviour disorder with clear psychological antecedents and consequences.

This is a viewpoint supported by other authors, who believe that psychological considerations are essential to effective healthcare and well-being [3,4]. It seems important therefore, that appropriate emotional health care and support is available to people before and following bariatric surgery.

Feelings, values, beliefs and attitudes, of patients and their families and healthcare professional can bring about relapse, affecting progress and impeding lifestyle changes [5-7].

In addition, in some instances where obesity patterns relate to early childhood emotional experiences, some people can find it difficult to negotiate identity changes and may require psychological therapy to cope with new demands on their life [8].

Groups can provide a versatile, contour changing method of providing psychological support and care, yet we need to know more about ways therapeutic and psycho-educational groups bring about changes in people who are undertaking weight management programmes.

Literature Review

Support groups help people with weight management problems address issues related to their health and well-being [9]. Commonly this includes some attention to psychological and social factors that have precipitated difficulties with patterns of eating [10].

Nonetheless, this typically involves groups of people receiving fixed programmes of health care. Saunders [11] believes however, that psychotherapeutic groups can prove most beneficial to helping address problems of compulsive eating but suggests that group dynamics must include identified benefits.

While the literature is equivocal concerning which method of group support fits different populations, there appears agreement that group approaches meet best the needs of people undertaking weight management surgery.

Group support or psychotherapy for patients undertaking bariatric surgery might offer person-to-person learning, the benefits of which can be identified and form the critical ingredients of other programmes. Sarvey [12] believes that fostering resilience through psychological mean of support is critical to good outcomes following bariatric surgery.

The benefits of group support

Various authors identify groups as an effective means of developing resilience, restoration, prevention, teaching, and learning and managing stress-related difficulties including addressing psychological co-morbidity and obesity [13]. A group can help members to identify worries and concerns, address difficulties, observe achievements, strengthen supportive networks, and so contribute to the maintenance of healthy behaviours.

Support and learning, offered through groups, can enable adjustments in response to changes in life circumstances. Group support can also promote efficient management of crisis and help sustain adaptive behaviours [14].

Therapeutic factors

Research suggests that establishing an effective working group is possible and to identify critical elements of a group as experienced by its members as helpful or otherwise [15]. These elements are recognisable, whatever the setting, duration of the group or population.

Identifying helpful or otherwise aspects of group occurrences means that critical elements can be built in to group-work regardless of purpose, theoretical framework or model and so group members gain from their experiences.

Definitive work by Yalom [16] synthesised personal observations and the ideas of other researchers [17] to identify twelve therapeutic or beneficial factors occurring in groups.

These are as follows

- Catharsis,
- Cohesiveness,
- Self-Understanding,
- Interpersonal Learning (Input),
- Interpersonal Learning (Output),

- Universality,
- Instillation of Hope,
- Altruism,
- Recapitulation of the Primary Family Groups,
- Identification,
- Guidance
- Existential Factors.

Therapeutic and beneficial factors are technical terms and refer to identifiable helpful elements of group work. Yalom, *et al.* [16] also devised a Q-sort method or card method for assessing group members' viewpoints of beneficial factors and determined a rank order of important factors.

Comparative studies utilise variations of the Q-sort method [18] and highlight differences participants perceived in the group process [19-22]. Some researchers have employed methods adapted from the original Q-sort method described by Yalom [18] in the form of questionnaires.

Although, often used with large samples, adaptations to questionnaires are also effective with small groups [23-26]. Results from all studies emphasise the need for group leaders to gain a more exact appreciation of the different aspects of the group processes found helpful or otherwise for distinct groups of people.

The proposed study

To date, few research studies have attempted to discern the group benefits of people with weight management problems or explored the perceptions of patients undertaking group support before or following bariatric surgery programmes. Through group methods of education and psychological support, qualitative research might explore specific factors experienced as helpful by patients during episodes of psychological care as part of bariatric surgery programmes.

Identifying unique elements of patients' experience and processes, considered helpful or otherwise, would allow the creation of accurate models of psychological care [27]. Research would inform aspects of bariatric surgery programmes by acknowledging each patient's reported necessities. By knowing something about what group members' view as therapeutic, health professionals could regulate professional practice with some measure of accuracy.

Programmes of rehabilitation need to inform directly by factors considered beneficial by patients. An interpersonal approach to constructing programmes of psychological and social support would allow patients and professionals to develop a coalition and learn directly from feelings related to the experience of undergoing surgery and effective weight management.

Talking about our feelings helps validate them [26]. Learning from personal experiences and the experiences of others can perhaps help people view health related situations differently. Sometimes, it is possible to see the bigger picture and discover new ways to achieve aims and goals concerned with health and well-being [28-38].

Patients reported experiences would subsequently inform the provision and delivery of healthcare. Moreover, patient groups are actively involved as partners in care embodying the notion of meaningful representation. Subsequent programmes of weight management would be developed from mutually collaborative clinical research and so more likely to have meaning to all participants.

This is not to suggest however that all people will benefit similarly from appropriately applied formulas. The strength of this study lies in the recognition that each person is individual and views the world through the uniqueness of his or her life experiences. It is by listening and attending to those experiences that opportunities are granted to patients to give voice their feelings and move towards some measure of autonomous functioning.

This study would stand alone in exploring the benefits of a group approach to supporting people undertaking bariatric surgery in psychological ways. Identifying unique elements of patients' experience and processes, considered helpful or otherwise, would allow the construction of exact models of psychological care. Psychological aspects of weight management programmes would therefore be informed and calibrated by each patient's reported necessities. Knowing something about what group members' view, as beneficial factors would help to inform and guide professional practice.

Synopsis

This research proposal describes a project concerning members of a bariatric support group. Although support groups are widely

reported as helpful to maintaining weight loss, there is little evidence to show specific aspects of the group, which are helpful or otherwise. This proposal concerns a research study that will explore benefits from support groups both individually and collectively.

The plan of investigation

The study will employ both qualitative and quantitative methods of inquiry. The researchers will use modified Q sorts. Questionnaires are devised to include sixty questions related to the twelve categories of curative factors. A three-stage procedure will be used as the basis for the study. The first stage involves the selection of group participants. The second stage involves the facilitation of group therapy to people undergoing weight management programmes.

Each group session planned for two hours each week for twelve weeks. A third stage involves the administration of questionnaires, which would identify factors considered beneficial by group participants. Follow up in depth interviews would enrich the data by eliciting in detail elements of therapeutic experiences group members considered critical to positive change as well as factors considered less helpful. A triangulated method increases the likelihood of construct validity.

Sample

The researchers will designate purposive samples from varied population of patients before or following bariatric surgery programmes at several sites. Age, gender and ethnicity as well as critical periods following illness, therefore, will be important factors when analysing data derived from group meetings. The selection of candidates will be established by means of an initial screening interview.

Patients who show a desire to examine personal and health related issues related to their obesity and health status, life style changes and work in a group setting will be offered an interview. The interview will decide the appropriateness of a group method in meeting the needs of each person.

Screening interviews will take place in hospital wards, units, out patient clinic or patients' homes and will explore concerns regarding the group objective, structure, process and each candidate's expectations of outcomes. The interviews will also establish initial working agreements.

Assessment and suitability

Assessment criteria will follow established guidelines (Yalom, 1975, Yalom, 1995; Leopold, 1976) and mainly centre on the willingness of patients to attend the group regularly to explore issues related to rehabilitation, relationship changes, self-responsibility, relapse prevention and group therapy processes.

The researcher(s) (AJ and/or others) will conduct the groups and focus on issues generated by patient's concerns. However, additional factors will include discussions related to good health related behaviours, strengthening favourable relationships and identifying strengths, bolstering existing support networks and considering strategies for positive change.

Ethical considerations

The study proposal will be submitted to appropriate committees for ethical approval. Ethical considerations of the research centre upon the competencies of the group leaders and safety of the group members. Tensions between roles of both group conductor and researcher will be addressed through professional consultation and research supervision.

It is the responsibility of the group conductor to ensure a safe environment and prepare group members for working in a group setting. Issues regarding group objectives, confidentiality, structure process and outcomes are important and allow for a clear working plan.

The researcher will seek permission from each group member to use the findings for research purposes ensuring ensure the anonymity of group members, colleagues, patients their families and organisations in all subsequent reporting. It is envisaged that findings from the research will be widely disseminated via a research report, journal articles, conference presentations, media and health promotion work.

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