

INVESTIGATION OF THE LIFE EXPERIENCES OF OBESE PATIENTS

OBEZ HASTALARIN YAŞAM DENEYİMLERİNİN İNCELENMESİ

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ABSTRACT

Objective: The aim of this study was to determine the life experiences of obese patients and the reasons for their decision to undergo metabolic surgery.**Methods:** This research is of qualitative phenomenological type. The research sample consisted of nine individuals with a body mass index of 30 and above, obese for at least one year, who decided to undergo metabolic surgery. Data were collected by face-to-face interviews using a participant identification form and a semi-structured data collection form. Consolidated Criteria for Reporting Qualitative Studies (COREQ) guidelines were used as a guide.**Results:** The youngest of the nine participants was 20 years old and the oldest was 51 years old. When analyzed in terms of gender, it was determined that six of them were female, one of them was married and they worked in different professions. Other characteristics were that all but one of them lived with their families, all but two of them had obese individuals in their families, most of them had a stressful life according to their own statements, and all but one of them had tried dieting many times until the metabolic surgery and had not been successful. Three themes were determined by examining the statements of the patients followed up with a diagnosis of obesity regarding their experiences. These themes are social isolation, effects of obesity and surgical process.**Conclusion:** Based on the data obtained in this study, it can be considered that obese individuals experience social isolation, psychological disorders, restriction of clothing preferences, feeling unhealthy and limitations in physical activity due to their excess weight. In addition, it was determined that the participants tried diet therapy many times, but they were not successful, so they considered metabolic surgery as a last resort. Nurses should be more sensitive to individuals with a diagnosis of obesity in preoperative and postoperative care, take into account the negative psychological experiences of obese individuals until the decision of metabolic surgery treatment and create a special care plan.**Anahtar Kelimeler:** Bariatric Surgery, Metabolic Surgery, Obesity, Obesity Management.

ÖZET

Amaç: Bu araştırma obez olan hastaların yaşam deneyimleri ile metabolik cerrahiye yönelimin nedenlerini belirlemek amacıyla yapıldı.**Yöntem:** Bu araştırma niteliksel fenomenolojik tiptedir. Araştırma örneklemini beden kitle indeksi 30 ve üzeri olan, en az bir yıldır obez, metabolik cerrahi olmaya karar vermiş dokuz birey oluşturdu. Katılımcı tanıma formu ve yarı yapılandırılmış veri toplama formu ile yüz yüze görüşülerek veriler toplandı. Araştırmada, Consolidated Criteria for Reporting Qualitative Studies (COREQ) yönergeleri rehber olarak kullanıldı.**Bulgular:** Araştırma kapsamına alınan dokuz katılımcının en küçük olanı 20, en büyük olanı ise 51 yaşındaydı. Cinsiyet yönünden incelendiğinde altısının kadın, birinin evli olduğu ve çok farklı mesleklerde çalıştıkları belirlendi. Diğer özellikleri ise biri hariç tümünün ailesi ile yaşadığı, ikisi hariç tümünün ailesinde obez birey bulunduğu, kendi ifadeleri ile çoğunluğunun stresli bir yaşama sahip olduklarını ayrıca uygulanan metabolik cerrahiye kadar birçok kez biri hariç tamamının diyet yapmayı denedikleri ve başarılı olmadıkları belirlendi. Obezite tanısı ile takip edilen hastaların deneyimlerine ilişkin ifadeleri incelenerek 3 tema belirlenmiştir. Bu temalar; sosyal izolasyon, obezitenin etkileri ve cerrahi süreçtir.**Sonuç:** Bu çalışmada elde edilen verilere dayanarak obez bireylerin fazla kiloları nedeniyle özellikle sosyal izolasyon, psikolojik bozukluklar, giyim tercihlerinin kısıtlanması, kendilerini sağlıklı hissetmemeleri ve fiziksel aktivitede sınırlılıklar yaşadıkları sayılabilir. Ayrıca katılımcıların birçok kez diyet tedavisini denediklerini fakat başarılı olmadıkları bunun üzerine metabolik cerrahiye son çare olarak gördükleri belirlendi. Hemşireler, obezite tanısı ile takip edilen bireylere karşı cerrahi öncesi ve sonrası bakımda daha duyarlı olmalı, metabolik cerrahi tedavisi kararına kadar obez bireylerin olumsuz psikolojik deneyimlerini dikkate almalı ve özel bir bakım planı oluşturulmalıdır.**Keywords:** Bariatrik Cerrahi, Metabolik Cerrahi, Obezite, Obezite Yönetimi.**Sorumlu Yazar / Corresponding Author:** Melis Merve ÇETİNKAYA, Doktora Öğrencisi, Bahçeşehir Üniversitesi, Sağlık Bilimleri Fakültesi, Hemşirelik Bölümü, İstanbul, Türkiye. E-mail: melismervecetinkaya@gmail.com**Bu makaleye atıf yapmak için / Cite this article:** Çetinkaya, M. M., & Eti Aslan, F. (2024). Investigation of the Life Experiences of Obese Patients. *Gevher Nesibe Journal of Medical & Health Sciences*, 9 (2), 207-215. <http://doi.org/10.5281/zenodo.11373989>

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INTRODUCTION

According to the World Health Organization, obesity is defined as abnormal or excessive fat accumulation to a degree that impairs health. A body mass index (BMI) above 25 is considered overweight and above 30 is considered obese (WHO, 2024). The World Obesity Federation estimates that 800 million people worldwide are obese. In Turkey, 23.6% of those diagnosed as obese in individuals aged 15 years and older in 2022 will be female and 16.8% will be male. As a result of studies, obesity was reported to be more prevalent in adults aged 60-69 years, in women, in individuals with low educational level, who are not physically active and who have poor economic status (Li et al., 2022; Løvsletten et al., 2020; Luhar et al., 2018; Sakboonyarat et al., 2020).

The number of individuals diagnosed with obesity is increasing with the interaction of endocrine, behavioral, sociocultural and psychological factors (Çiftçi and Öklü, 2023). Obesity leads to many health problems including ischemic heart disease, dyslipidemia, diabetes, some types of cancer and sleep disorders (Franchini et al., 2022, Hillers-Ziemer et al., 2022, Lee and Kim, 2023, Powell-Wiley et al., 2021, Selman et al., 2022). Being obese causes problems in the social sphere as well as health problems. Examples of this situation include seat belts not being long enough in cars or seats being too small in environments such as theaters and university classrooms, and airline industry demanding a fare for two people due to the lack of seats suitable for obese individuals (Thomas et al., 2008). Obese individuals face many problems, especially at a young age. Examples include constant comparison with a normal weight sibling and parents not allowing the child to leave the table before finishing his/her plate at the dinner table. It is stated that the effects of these experiences in childhood lead to the emergence of long-term emotional problems and childhood obesity may continue into adulthood (Thomas et al., 2008). Social experiences of obese individuals and the effects of obesity on daily life include exclusion, ridicule and discrimination due to their weight. In addition, there are effects such as inability to find a job, problems between spouses and inability to socialize (Da Silva and Da Costa Maia, 2012). Obesity is an additional burden on both the national and global economy. In order to protect the health of obese individuals and reduce economic costs, obesity tax is applied in many countries. The tax, which came into force in Belgium in 2016, is aimed at reducing the consumption of sugary drinks, with a tax of three cents per liter and one cent per can of beverage. Obesity tax is applied in the UK, USA, Mexico, France, Hungary, Denmark and many other countries. However, it is stated that there is no study on obesity tax in Turkey (Ayas and Saruc, 2017).

Many treatment methods are used to maintain and improve the current well-being of obese individuals (Angelidi et al., 2022, Fink et al., 2022, Niu and Ren, 2023). There are two surgical methods in the treatment of obesity: medical (nutrition, exercise, pharmacological, behavioral changes, psychological interventions, etc.) and Roux-en-Y gastric bypass and sleeve gastrectomy (Ghaferi et al., 2021, Wharton et al., 2020). Nursing is based on the philosophy of protecting and improving health and curing in case of illness. In our world where the concept and awareness of value-based care, which includes concepts such as preventing/reducing disease and medical risks, early diagnosis, focusing on the result, reducing the cost of care, is increasingly accepted, obesity is thought to cause many health problems, reduce work efficiency and cause social isolation. Studies examining the experiences of obese individuals regarding these problems/situations are quite limited (Axsel et al., 2016; Da Silva and Costa Maia, 2012; Homer et al., 2016). Nurses should understand individuals diagnosed with obesity in preoperative and postoperative care, and create a care plan specific to their patients by knowing what the negative psychological experiences of obese individuals are until the metabolic surgery treatment decision. Knowing patients' life experiences may be important to improve their adaptation to postoperative changes and to resolve any difficulties they may have with surgical weight loss and maintenance. For this reason, this study was conducted to determine the life experiences of patients who have been obese for at least one year and the reasons for the orientation to metabolic surgery.

MATERIALS AND METHODS

1. Type of Research

This research is a phenomenological type research which is one of the qualitative research methods.

2. Place of the Study

The study was conducted with obese individuals who applied to a private hospital in Istanbul for metabolic surgery in October-December 2018.

3. Population and Sample of the Study

Criterion sampling method, one of the purposeful sampling methods, was used in the study. In this context, nine individuals who had been obese for at least one year and had a body mass index above 30 participated in the study. In order to obtain more diverse data and to ensure external validity, patients with different characteristics such as occupation, age and BMI were included in the sample. The study was terminated when data saturation was reached.

4. Data Collection Tools

In this study, a participant identification form and a semi-structured data collection form were used.

Introductory Features Form: This form was prepared to recognize the participant. The form included 11 questions to determine the participants' gender, age, marital status, weight, height, body mass index (BMI), occupation, living with family, having obese individuals in the family, having a stressful life and dieting (Axsel et al., 2016; Da Silva and Costa Maia, 2012; Homer et al., 2016).

Semi-structured Data Form: This form was prepared to reveal the life experiences of the participants and to determine why they turned to metabolic surgery and consisted of six questions. In the form, the participant's experiences were questioned with the questions; do you think your weight affects your psychology, what do you think are the effects of obesity on daily life, do you have problems in social environments due to your weight, why did you choose bariatric surgery, what do you think the physical change after bariatric surgery will change in your life, how being obese affects you (Axsel et al., 2016; Da Silva and Costa Maia, 2012; Homer et al., 2016).

5. Data Collection

The research data were collected by the first researcher under the supervision of the second researcher. The second researcher is a faculty member in the field of surgical nursing and has qualitative studies. The first researcher works in the field of surgery and works in the hospital where the research was conducted. Both researchers are women. Before the research, the participants were interviewed and informed about the purpose of the researcher. They were also verbally informed that the data would not be used outside the research, that data confidentiality would be ensured, that they could leave the research at any time and that they would not suffer any loss for this. They were also given time to read and sign the consent form. No participant refused to participate in the study. Data were collected by one-to-one in-depth interview method in a quiet room allocated for the study in the hospital. No one other than the participant and the researchers were present during the interview. The questions were asked in the specified order and the participant's statements were recorded with a voice recorder. The answers given by the participants were confirmed and checked for misunderstandings. Interviews lasted an average of 25 minutes and there were no repeated interviews.

6. Data Evaluation

The participants who participated in the study were coded as "P1,P2,P3,...P9". In the coding, no feature of the participant was used, and the code was used as "P1" instead of "Participant 1". In order to evaluate the data of the study, firstly, the statements in the voice recorder were transferred to Microsoft Word document by the authors and written down. The transcribed data were grouped and evaluated according to the purpose. In line with the responses, three main themes were identified: social isolation, effects of obesity and surgical process. Consolidated Criteria for Reporting Qualitative Studies (COREQ) guidelines were used as a guide in the study.

7. Ethics Committee Approval: Approval for our study was obtained from Bahcesehir University Clinical Research Ethics Committee with the letter dated 05.09.2018 and numbered 2018-11/01. All individuals participating in the study were informed and their written and verbal consents were obtained.

RESULT

In the first part, it was determined that the youngest of the participants included in the study was 20 years old, the oldest was 51 years old, when examined in terms of gender, six of them were female, one was married, and they worked in many different professions. When the other characteristics were

examined, it was determined that all but one lived with their family, all but two had obese individuals in their family, most of them had a stressful life according to their tablo own expressions, and that all but one tried dieting many times until the metabolic surgery performed and were unsuccessful. When the body mass index (BMI) values of the participants were examined, it was determined that one participant was first degree obese, six participants were second degree obese, and two participants were third degree (morbid) obese (Table 1).

Table 1. Individual Characteristics of Participants

Partipicant Code	Age	Gender	Marital Status	Profession	BMI
P1	21	Female	Single	Nurse	37,5
P2	39	Female	Single	Pharmacist	38,5
P3	47	Male	Single	Driver	33,8
P4	20	Male	Single	Businessman	39,1
P5	51	Female	Single	Staff	40,6
P6	46	Female	Married	Housewife	44,8
P7	45	Female	Single	Lawyer	37,3
P8	28	Female	Single	Housewife	39,7
P9	31	Male	Single	Self-employment	38,1

In the second part, in line with the answers given by the participants, three themes were determined: social isolation, the effects of obesity and the surgical process. Under the themes, there are the individual characteristics of the participants and the striking answers they gave to the questions.

THEME 1: Social isolation

Question 1: Do you think your weight affects your psychology?

P1: *"Of course I think it affects my psychology. When I enter an environment, it feels like everyone is looking at me. I'm cramping. After that, I do not participate in social activities or anything. I am more hesitant. I feel like I'm stared by people".*

P8: *"Yes, it affects me a lot. I can't move the way I want. I think I attract people's attention because of my weight. When I sit down, it's like everyone is looking at my extra fat. coming. I don't want to go out for a walk at work".*

Question 2: Do you have problems in social situations due to your weight? If so, what are they?

P1: *"Yes, I usually prefer not to participate in social situations because of my weight. And when I do, I blush and get stiff"*

P2: *"No, I do not have that kind of obsession, but I think that it is more like a vitality, more practicality, more mobility, in terms of health, but it requires some stability".*

THEME 2: Effects of obesity

Question 1: What do you think the effects of obesity on daily life?

P1: *"It affects too much, first of all, it limits the movement. As I said, it restricts your social life. It can even restrict friendships sometimes. For example, when your friends invite you to somewhere, you do not want to go, you are afraid because of your weight, this affects friendship relations".*

P7: *"I cannot do sports as I want. I cannot move as I want. I cannot wear what I want. I have pain in the foreground. Pain in the foreground".*

P9: *"I actually have difficulty breathing. I want to do sports but I can't. My breathing is more difficult. It's like that".*

Question 2: How do being obese affect you?

P4: *"It does, of course, but how can I say I am having a problem, of course I was depressed at the time. When I go to a store or something is happening, I sweat quickly, get tired quickly. When these come together, of course, I am affected. But I'm generally happy".*

P5: *"My psychology goes through the floor. I have had a weight problem for four years. I started gaining weight due to menopause. When I'm stressed, I eat more. I eat and sleep, I eat and sleep. Well, whoever is like me should decide to shrink the stomach without thinking. They said my surgery was in December, I am waiting, too".*

P6: *"Being obese affects me in terms of dressing and restricting my movements".*

P7: *"It affects my health. My self-confidence. So you can't wear everything. I mean, if my daughter is going somewhere, she finds something to wear in two minutes or half an hour, but I try ten trousers, but it still doesn't work. I cannot match."*

Theme 3: Surgical process

Question 1: Why did you choose metabolic surgery?

P1: *"I couldn't lose weight with diet because I didn't have the willpower, so I decided to find a solution in bariatric surgery and try bariatric surgery."*

P2: *"I did not prefer it either. I don't know when one says surgery, something is involved, so I'm afraid. I had to. I see it as a last chance because I tried. I tried dieting many times, lost weight many times but got it back".*

P6: *"To a certain extent, with diet. People get bored after a certain point, and then losing weight stops. After all, I say I lost weight, then I start eating again. Let this be the best solution and I said let's try it".*

Question 2: What do you think physical change will change in your life after metabolic surgery?

P1: *"I think a lot will change in my life. For example, my self-confidence will increase. I will be more confident in myself. So, my self-confidence will rise. So, I don't have that much self-confidence right now. I think this will improve when I lose weight. I tried dieting a lot. It took two months at most because I had no will. It wasn't compelling stuff. It was like eating four meals a day at work, not paying attention to snacks or something, eat less often, but I could last for two months. I am so weak."*

P3: *"I will definitely have more self-confidence".*

P5: *"Much. To love myself, to dress well. Getting into everyone's environment, very much in every way".*

P9: *"My self-esteem will change. I think my health will be fine. I think this is the most important. Health. To breathe comfortably".*

DISCUSSION

Theme 1: Social Isolation

Social isolation is one of the factors that negatively affect the quality of life of obese individuals. Six of the nine participants included in the study stated that their excess weight affected their psychology and three of them stated that they experienced social isolation. One of the participants (P1) summarizes this situation with the following statement: *"Of course I think. When I enter an environment, it feels like everyone is looking at me. I'm cramping. After that, I do not participate in social activities or anything. I am more hesitant. I feel like I'm stared by people"*. In a study conducted by Homer et al in the literature (2016), the participants stated that they experienced social isolation with their expressions as follows: *"You see the mothers talking on the playground and they're all socializing, but I don't know anyone, I leave my kids and go right back. I'm not talking to anyone"* and *"My home is my lifeline, my paradise, my hiding place"*(Homer et al.,2016). Also, one of the participants (P5) stated: *"There are those who call me chubby and say that you broke the seat and you couldn't get through here. They spoil my psychology."* In a study by Da Silva and Costa Maia (2012), the participant used the following statement: *"My family and friends always say that I have to lose weight. It is a problem. Nobody wants to have a close relationship with someone like this. I had a few friends when I was at school, they all talked to me but nobody wanted to go out with me"*. Individuals being obese can lead to social isolation, especially as it creates insecurity. In both the literature information and our study results, it was determined that obesity had a significant effect on obese individuals and as a result, they experienced social isolation or did not want to interact with other individuals. Based on the results of the study, social isolation and unwillingness to interact may have a negative impact on the patient's care. Therefore, the patient's preoperative expectations should be well understood. In the postoperative period, the patient's participation in his/her own care and treatment should be ensured. Thus, we think that the patient's compliance with the metabolic surgery process will increase.

Theme 2: Effects of obesity

Obesity causes effects such as the inability to fulfill the most basic physical functions such as walking, climbing stairs, dressing and personal care duties, and decrease in social relations (O'Malley et al.,2022). One of the obese individuals (P1) participating in the study stated that he experienced a decrease in his physical activity and social relations as follows: *"It affects too much, first of all, it limits the movement."*

As I said, it restricts your social life. It can even restrict friendships sometimes. For example, when your friends invite you to somewhere, you do not want to go, you are afraid because of your weight, this affects friendship relations" while another participant (P7) described the decrease in quality of life as follows: "I cannot do sports as I want. I cannot move as I want. I cannot wear what I want. I have pain in the foreground.". In addition, the following statements of the same participant (P7) summarize his dressing preference: "It affects my health. My self-confidence. So you can't wear everything. I mean, if my daughter is going somewhere, she finds something to wear in two minutes or half an hour, but I try ten trousers, but it still doesn't work. I cannot match.". In a study conducted by Oen et al. (2018) in the literature, the participant stated the limitation of physical activity with the following words: "I am aware of my obesity. My physical fitness is poor and I get tired more easily than my friends on my football team.". In a study by Axsel et al. (2016), the participant used the following statements: "Because I was the fat, slow one, and always the weakest one." "They really don't want to be friends with fat people" statement of a participant experiencing social isolation in the same study and "Sometimes I have to go out... I try on every dress and nothing suits me... This is terrible! I start crying and prefer to stay at home" statement of a participant in the study by Da Silva and Costa Maia (2012) indicate the extent of the effect of obesity on their daily lives. Considering that the participants are young adults, the need for socialization will be particularly important. Experiences of obese individuals such as limitation of physical activity, decreased self-confidence and difficulty in choosing clothes will negatively affect their lives. For this reason, they will experience exclusion in their social relationships, preferring not to interact with people, and it will be inevitable for them to experience psychological problems. . The experiences of obese individuals until surgical treatment and their habitual timid attitudes may make preoperative and postoperative care difficult. We think that this situation should be taken into consideration and a clear and open communication should be provided with the patients. Thus, the quality of care will improve and the expectations and needs of patients will be more easily identified.

Theme 3: Surgical Process

There are many medical treatment methods for obesity that can be tried before the surgical process. Most of the participants in the study stated that they tried diet and exercise treatments many times but were not successful.

The statements of the participants were as follows: "I tried it. I tried dieting many times, I lost weight it many times, but I took it back" and "I went to the gym but it doesn't always happen". Only one participant made a different statement from the other participants, saying: "I haven't tried dieting, I like to eat.". In a study conducted by Thomas et al. (2008), the participant stated the difficulty he faced in diet treatment using the following statement: "My doctor tells me that I should constantly lose weight. And I say, yes, I know this and I want it and I try to track what I eat, but it gets harder." Surgical treatment, which is one of the treatment methods of obesity, has risks for the patient and obese individuals participating in the study are aware of these risks. One of the participants' statements (P2) stated that he was afraid of surgery but considered the metabolic surgery as a last resort: "I did not prefer it either. I don't know, when one says surgery, something is involved, so I'm afraid. I had to. I see it as a last chance." while another participant (P1) stated as follows: "I could not lose weight with diet because I did not have the will, finally, I thought of finding a solution and trying the obesity surgery. I am currently waiting the line for surgery. In other words, I preferred to apply for surgery just because I could not lose weight due to lack of will.". In a study by Homer et al. (2016) in the literature, all of the participants stated that they saw metabolic surgery as a last resort . Expectations of the participants after metabolic surgery can be listed as increased self-confidence, diversification of clothing preferences, being healthier and more comfortable social relationships. One of the participants (P5) included in the study stated their expectations after metabolic surgery using the following statement: "Much. To love myself, to dress well. Getting into everyone's environment, very much in every way". Another participant (P6) stated his expectation after surgical treatment with the following statement: "My dream is to be slim, to act more comfortably, to do my job easier. Sometimes I cannot meet my own needs very much. I have a hard time walking on the road. I have a hard time wearing my socks. Like this while sitting and getting up". In the study conducted by Homer et al. (2016), one of the participants expressed his expectations as follows: "I am very excited about this bariatric treatment because I will go into that dress". Another participant who participated in the same study said, "I don't want to be thin, I want to be normal, I want to be healthy and that's all. I do not want a miracle". In a study by Da Silva and Maia (2012), the participants stated

their expectations after metabolic surgery with the following statements: “I will start to feel good like a normal person .. Going out and no one looking at me ... doing the thing ... it will be my quality of life” and “this is my opportunity to find a job”. The reasons for obese individuals to prefer metabolic surgery are that they are not successful in diet and exercise treatment and they experience a decrease in their quality of life. It is known that healthy lifestyle behaviors that are not sustainable may not be effective in losing weight. Even if metabolic surgery will cause rapid weight loss in a short time, it is important to ensure behavioral change and to be able to sustain these changes. In the literature, the positive effect of surgical treatment has been stated as the adoption of healthy eating behaviors and the increase of physical activity (Lent et al., 2016). Before and after surgery, obese patients should be educated about healthy living behaviors and should be provided to meet with the health professionals they need. Thus, achievement and maintenance of the targeted goals after surgery will be ensured. We believe that the expectations of obese individuals from the surgical process can only be achieved with multidisciplinary treatment.

CONCLUSION

Based on the data obtained in this study, it can be concluded that obese individuals experience social isolation, psychological disorders, restriction of dressing preferences, feeling unhealthy and limited physical activity due to their overweight.

Participants stated the reasons for weight gain as stress-related eating, menopause, love to eat and limited physical activity. Obese individuals stated that they tried exercise and diet therapy many times to lose their excess weight, but they were not successful, and as a result, they saw metabolic surgery as a last resort.

In conclusion, our study results showed that obesity was a constant feature for most of the participants, they could not acquire healthy eating behavior for various reasons and bariatric surgery was the last resort to solve all their problems.

Based on these results, the followings are recommended;

- i. Health professionals should assist obese individuals in acquiring healthy lifestyle behaviors before metabolic surgery and ensuring the continuity of these behaviors,
- ii. Considering the negative experiences of obese individuals, public awareness should be raised,
- iii. If there is more than one obese person in the family, especially the behavior change treatment method should be done together with the family members,
- iv. Nurses should be more sensitive to obese individuals in pre- and postoperative care. Surgical nurses should take into account the negative psychological experiences of patients until the decision to treat metabolic surgery. In this context, they should include patients in their own treatment and care by creating a special care plan among institutional policies.

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Conflict of interest

No potential conflict of interest was reported by the authors.

Author Contributions

Plan and desing: MMC, FEA; Data collection: MMC, FEA; Analysis and comments: MMC, FEA; Review and check: FEA; Writing: MMC, FEA.

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