

Master's Thesis

Master's Programme in Health Sciences – specialization in Nutrition Competencies for Health Professionals

June 2023

Experiences of social support by participants with morbid obesity who participate in conservative rehabilitation program for lifestyle change: a qualitative study

Name: Karoline Thomlevold Jøranli og Linn Tennefoss Vefring

Course code: MAVIT5910

Points:30 ECTs

Faculty of Health Sciences OSLO METROPOLITAN UNIVERSITY STORBYUNIVERSITETET

Forord

Det er med glede og stolthet at vi presenterer denne masteroppgaven, som representerer avslutningen på vår studiereise og det mest utfordrende og spennende prosjektet vi har arbeidet med så langt.

Vi ønsker å rette en stor takk til våre veiledere, Marianne Molin og Lisa Garnweidner-Holme, for deres uvurderlige veiledning, støtte og faglige ekspertise gjennom hele prosessen. De har utfordret oss til å tenke kritisk, utvikle våre forskningsevner og hjulpet oss slik at vi har levert, i vår oppfatning, en grundig og strukturert artikkel. Vi har satt stor pris på deres tilgjengelighet og konstruktive tilbakemeldinger gjennom hele prosessen.

Vi ønsker også å takke XX som delte de gode og informative intervjuene med oss. De veltranskriberte og utfyllende intervjuene gjorde det mulig for oss og svare på en ny problemstilling som resulterte i denne artikkelen. Vi vil også takke alle deltakerne i forskningsprosjektet, uten deres deltakelse og bidrag ville denne oppgaven ikke vært mulig.

Til slutt ønsker vi å takke hverandre for et fantastisk samarbeid gjennom hele prosessen. Våre ulike perspektiver og kompetanser har bidratt til å berike og forsterke denne oppgaven. Vi har stått sammen gjennom utfordrende perioder, feiret milepæler og styrket hverandre når motivasjonen har vært lav. Det har vært en glede å jobbe sammen.

Vi har skrevet oppgaven som en artikkel med en ambisjon om å publisere i BMJ Nutrition og har derfor fulgt tidsskriftets retningslinjer (Vedlegg 1). Viktige bidragsytere vil bli inkludert i revisjon av artikkel før potensiell publisering.

Med denne oppgaven håper vi å bidra til økt forståelse og kunnskap innenfor vårt fagfelt. Vi håper også at våre funn kan inspirere til videre forskning og at våre anbefalinger kan legge grunnlaget for fremtidige intervensjoner og tiltak.

Oslo, 14.06.2023

Karoline Thomlevold Jøranli og Linn Tennefoss Vefring

Sammendrag

Bakgrunn: Fedme er et globalt folkehelseproblem som har betydelige konsekvenser for fysisk helse og livskvalitet. Livsstilsendringsprogrammer kan ha en avgjørende rolle for varige livsstilsendringer, fedme og relaterte helseproblemer. Sosial støtte spiller en viktig rolle i å oppnå vellykkede resultater i slike programmer, men det eksisterer begrenset kvalitativ forskning som undersøker erfaringene til personer med sykelig fedme som deltar i slike tiltak. Denne studien har som mål å undersøke opplevelsen av sosial støtte hos deltakere med sykelig overvekt som deltar i et (konservativt) rehabiliteringsopplegg for livsstilsendring.

Metode: Fjorten deltakere i et gruppebasert konservativt rehabiliterings program i Norge ble intervjuet ved bruk av semistrukturerte intervjuer. Tematisk analyse ble benyttet som analysemetode.

Resultater: Våre funn viser at deltakerne opplevde sosial støtte fra hovedsakelig tre kilder: støtte fra andre deltakere i gruppen, sosial støtte fra familie og venner, og støtte fra det tverrfaglige teamet. Deltakerne understreket betydningen av kontinuerlig sosial støtte gjennom hele livsstilsendringsprogrammet. Resultatene fremhever viktigheten av å fremme en følelse av fellesskap og legge til rette for jevnlige møtepunkter for deltakerne for å opprettholde sosial støtte.

Konklusjon: Fremtidige studier bør fokusere på langsiktige tiltak, skreddersydde tilnærminger for ulike behov, involvering av familie og venner, og utforske effekten av forbedret støtte fra jevnaldrende. Ved å forstå rollen sosial støtte spiller i livsstilsendringsprogrammer, kan tiltakene optimaliseres for å bedre støtte personer med sykelig fedme.

Nøkkelord

Livsstilsendringsprogram, sosial støtte, sykelig fedme, gruppebasert tiltak og kvalitativ forskning.

Abstract

Background: Obesity is a global public health concern with significant implications for physical health and overall well-being. Lifestyle change programs are crucial in addressing obesity and its associated health risks. Social support plays a central role in facilitating successful outcomes in these programs, yet limited qualitative research exists on the experiences of individuals with morbid obesity participating in such interventions. This study aims to explore the social support experiences of participants in a group-based conservative rehabilitation lifestyle change program.

Methods: Fourteen participants in a group-based conservative rehabilitation lifestyle change program in Norway, were interviewed using semi-structured interviews. Data were analyzed thematically.

Results: Thematic analysis revealed three primary sources of social support: support from other participants in the group, social support from family and friends, and support from the interdisciplinary team. Participants emphasized the significance of ongoing social support throughout their lifestyle change program. Findings highlight the importance of fostering a sense of community and facilitating regular interaction among participants to sustain social support.

Conclusions: Future studies should focus on long-term interventions, tailored approaches for diverse needs, involving family and friends and exploring the impact of enhanced peer support. By understanding the role of social support in lifestyle change programs, interventions can be optimized to better support individuals with morbid obesity.

Keywords

Lifestyle change program, social support, morbid obesity, group-based intervention, qualitative.

Table of content

Sammendrag	3
Abstract	4
Background	6
Methods	7
Participants	8
Data Collection	8
Data Analysis	8
Results	10
General experiences of being part of a lifestyle change program can in feeling of social support	
Experienced social support by other participants in the group	12
Experienced social support by family and friends	13
Experienced social support by the interdisciplinary team	14
Discussion	15
Conclusions	18
Declarations	19
References:	20

Background

Obesity is a significant global public health concern, with its prevalence showing a problematic upward trend (1). Obesity is defined as body mass index (BMI) greater than or equal to 30 kg/m^2 and is divided into three subgroups: obesity grade 1 (BMI $30\text{-}34 \text{ kg/m}^2$), obesity grade 2 (BMI $35\text{-}39 \text{ kg/m}^2$), and obesity grade 3 (BMI $\geq 40 \text{ kg/m}^2$) (2). Obesity grades two and three are referred to as morbid obesity (3). Obesity affects morbidity rates, disability, and overall quality of life. Obesity is a major risk factor for a range of noncommunicable diseases, including type 2 diabetes, cardiovascular diseases, various types of cancer, osteoarthritis, and other health problems (2). To address the increasing prevalence of obesity and its associated health risks, it is important to implement effective lifestyle change programs (4).

There are several treatment options for people with obesity, including lifestyle interventions, pharmacotherapy, bariatric surgery, and combined treatment (2). The aim of obesity treatment is not only to achieve weight loss but also to enhance health and reduce associated health risks (2). Non-surgical treatment includes dietary change, physical activity, and or/ behavioral therapy (4). In Norway, people with morbid obesity are offered non-surgical treatment and/or bariatric surgery. The non-surgical treatment includes dietary change, physical activity, and or/behavioral therapy. This is usually delivered in a group-based lifestyle intervention program developed and implemented by a team of specialists (5). A descriptive systematic review showed that while short-term weight loss is achievable in obesity treatments, maintaining weight loss over the long-term has proven to be a challenge with inconsistent results reported (6). A crucial aspect of all obesity-reducing treatments is permanent changes in lifestyle, which should continue throughout the patient's life to reinforce health related behavioral changes that aid weight loss (2, 5). Several studies provide a comprehensive understanding of the challenges and barriers faced by individuals undergoing non-surgical obesity treatment, as well as the factors that can contribute to successful outcomes (6, 7, 8, 9, 10, 11). The review written by Tay et al. (2023) highlights the role of social support as a facilitator of weight loss and weight loss maintenance, as it can provide encouragement, motivation, and accountability (10).

Verheijden et al. (2005) underscores the importance of social support in health related behavioral change and defines social support as the availability of potential support-givers (structural support) and the perception of support (functional support). The article further explains that social support can include emotional support, practical assistance, advice, guidance, and companionship. Social support can come from spouses, family members, friends, co-workers, as well as healthcare professionals (9). Social support can have a positive impact on an individual's mental and physical health, as well as their overall well-being (9). Hammarstrøm et al. (2014) found that a supportive and motivating group environment was a key facilitator of weight loss, while lack of social support was a significant barrier to weight loss (11). Taken together, these studies suggest that group treatment and social support are important components of effective lifestyle change interventions and that interventions should aim to promote positive and supportive social environments to facilitate weight loss and weight loss maintenance (9, 10, 11).

Through our research we have found few studies that have investigated experiences of social support in a lifestyle change program for people with obesity (10,11). There are many quantitative studies about the role of social support in weight reduction, but several studies acknowledge the scarcity of qualitative research on the personal experiences of participating in weight loss interventions (9, 10, 11). According to Hammarström et al. (2014), there is a lack of research on the experiences of participants from the general population in dietary interventions, despite some qualitative studies focusing on patients with specific diagnoses (11). In a recent systematic review by Tay et al. (2023), they analysed qualitative data from over 500 participants across different countries between 2011 and 2021. The review identified social support as a crucial facilitator for weight loss and maintenance, both from within and outside the intervention. Additionally, a lack of external support was found to be a significant barrier (10). By exploring how individuals with obesity perceive the significance of social support in initiating and sustaining lifestyle changes, this study can potentially identify areas where future interventions can be improved to better support participants in achieving successful outcomes from lifestyle change programs. This qualitative study aims to explore the experiences of participants with morbid obesity who participated in a group-based conservative rehabilitation program for lifestyle change and how they experience social support within this context.

Methods

This study includes two interview samples of participants enrolled in a group-based conservative rehabilitation lifestyle change program at a rehabilitation facility in Norway.

The program was characterized by an 8-week introductory course, known as the "main stay," where participants met three times a week, the follow-up period lasted up to five years. This treatment consisted of physical activity, dietary counseling, behavioral change and group discussions. The data for this study was collected as part of a larger project which collected substantial data on multiple aspects of the program. The study was conducted in accordance with Coreq guidelines (12).

Participants

The study consisted of 14 participants, 10 women and 4 men aged 29-58 years. Seven participants were about to complete the eight-week introductory course and seven participants were one to two years into the rehabilitation process.

Data Collection

Data for this study was collected through semi-structured interviews by an external researcher, XX. Two different interview guides were used, and these were piloted before the study to ensure consistency. The design of the interview guides was developed prior to the start of the program, with a focus on open-ended questions to allow participants to freely express their experiences and perspectives on the topics raised by the questions. The interviews were conducted at the rehabilitation facility and lasted 30 – 60 minutes. The interviews were audio-recorded and transcribed verbatim by an external researcher. Participants were strategically selected by the external researcher to ensure that the sample included a diverse range of experiences including social support.

Data Analysis

The interviews were analysed thematically using Braun and Clarke's methodology, which involved a systematic approach included the following steps: (i) familiarization, (ii) generating initial codes, (iii) searching for themes, (iiii) involved reviewing themes, (iiiii) defining and naming themes) and (iiiiii) producing the report related to our research question. An inductive approach was used to identify themes that emerged from the data rather than applying pre-existing theoretical frameworks (13). Using NVivo software (version 12.0) codes were developed by identifying and labeling meaningful segments of text that pertained to specific themes relevant to the research question. Patterns were then identified by grouping similar codes together and identifying emergent themes across the text. The final step in the analysis involved interpreting the identified themes within the context of the research question. We analysed each interview before engaging in a mutual comparison and reaching

consensus on the coding. To increase the credibility and trustworthiness of our data and subsequent interpretations, any disagreements were resolved by revisiting the original text and engaging in a thorough discussion to ensure the accuracy of the coding.

Results

The results are presented collectively from both sets of interviews. The identified themes and subthemes are shown in Table 1.

Table 1: Main themes and sub themes

Main themes	General experiences of being part of a lifestyle change program can increase the feeling of social support	Experienced social support by other participants in the group	Experienced social support by family and friends	Experienced social support by the interdisciplinary team
Sub themes	Being part of a lifestyle change program could increase self-liability to oneself and others	Similarities between themselves and other participants in the group, and being in the same situation enhanced the feeling of relatedness	Being open with family and friends contributed to the experience of social support in the lifestyle change process	The opportunity to contact the interdisciplinary team is perceived as supportive in a lifestyle change process
	Transition from the main stay to everyday life as challenging without regular guidance and support	Emotional support from peers in the group promoted a sense of belonging and a social connection	Receiving support and feedback from their family and friend	Respect and caring from the interdisciplinary team fostered a sense of trust and security, which the participant found essential in experiencing social support
		Being part of group activities strengthens motivation and enjoyment in lifestyle change		
		Staying connected with the group after the program was perceived as useful to provide a sense of security and support		

General experiences of being part of a lifestyle change program can increase the feeling of social support

The participants highlighted that being part of a lifestyle change program could increase self-liability to oneself and others. Knowing that others were also striving towards similar goals and would be checking in on the progress provided additional motivation and commitment to stay on track. The participants reported experiencing a sense of responsibility towards their peers by showing up, actively participating in meetings and exercising together. Further, they valued receiving encouragement and feedback from other participants. This created a positive feedback loop where they felt motivated by their progress and the support of others and were therefore more likely to continue making positive changes. As illustrated in this following statement by a participant who had just completed the main stay: "When you're being followed up, you're more focused and sharp. It's like you're always trying, always pushing yourself... You don't want to disappoint yourself or those around you" (Participant 6).

Many of the participants expressed concerns about personal motivation with less intensive follow-up, reduced commitment and implementing lifestyle changes alone. The participants often highlighted the importance of continued support after the main stay, illustrated by the following statement from a participant who was 1-2 years into the program and struggled maintaining new habits: "(...) I feel that this stay has been a support system or that you are in a position where you get a lot of backup and maybe when you come home to everyday life it's easy to fall back into old habits" (Participant 12). A participant from the first group described the challenges of implementing lifestyle changes alone like this: "And I live alone, so that's why I have a little bit of anxiety about not being able to continue with it (...) Because then there's no one to control me anymore, right?" (Participant 4). Participants highly valued the support and community provided by the group-based rehabilitation program and the interdisciplinary team, including peer support and guidance from healthcare professionals. Many expressed concerns about maintaining progress without ongoing support and transitioning back to a different social environment. This was illustrated by the following statement from a participant in the first group: "When you don't have the same level of follow-up as you have here, and you don't meet every day, then you don't know how it's going to be. (...) I have received education and that has been a framework, but now I have to try to find other meeting places and try to get into another environment (...)" (Participant 1).

The majority of the participants mentioned the transition from the main stay to everyday life as challenging without regular guidance and support. Participants emphasized the challenge of transitioning from the close social support provided by the group-based rehabilitation program and the interdisciplinary team to a setting with less regular guidance and support. A participant from the second group explained the difficulties like this: "But then you meet life without necessarily having someone to come to every other day as we did at first.. and then eventually all of these things you struggle with, call them ghosts, all the things that have made you who you are in terms of weight and lifestyle, they come back with full force, without knowing that in two days you're going back there, and you'll get support. So there was a difference" (Participant 9). In this subtheme, there was a notable discrepancy between the two interview groups. Participants who had recently completed the main stay expressed concerns and fears about transitioning to an unstructured daily routine, while those who had already experienced the transition talked about the challenges that arose and their feelings regarding less regular guidance and support after the main stay. Of these, several participants found the change from a structured program to an unstructured routine overwhelming and felt that additional resources and strategies were needed to maintain the progress they had achieved.

Experienced social support by other participants in the group
Many of the participants mentioned that similarities between themselves and other
participants in the group and being in the same situation enhanced the feeling of
relatedness. One participant from the first group illustrated this by saying: "(...) Even though
there are very big differences between us as well, both in terms of size, challenges and health
issues there are also similarities (...) I would almost say that having people around you who
have exactly the same challenges, or at least many of the same challenges, is the most
important thing" (Participant 3). The feeling of being with like-minded peers, despite being
different, was experienced as positive and helped establish a supportive and encouraging
atmosphere. A participant from the second group explained the relatedness in this way: "We
can get in touch with each other and ask "How are you doing?" And tell them; "actually,
things have been a bit tough for me lately. Can you give me a little boost?" And that's really
great because we are all in the same situation" (Participant 10).

The participants expressed that **emotional support from peers in the group promoted a** sense of belonging and social connection. One participant stated: "(...) I think the biggest

benefit has been that we can talk to each other. Many have dared to open up and as a result, we have gotten more people to open up" (Participant 2). The group provided a supportive environment where participants felt safe to exchange tips and receive encouragement from peers. Participants also expressed that being part of group activities strengthens motivation and enjoyment in lifestyle change which increased the feeling of social support within the group. One participant described how the group contributed to motivation and support by stating: "We've motivated each other, we have an incredibly good group, and you get caught up, you really do (...) you get support from the group" (Participant 2). Another participant explained that training in a group leads to a desire to push harder by saying: "(...) When you have people around you and you perform in a group it's like you give a little extra. (...) And you push boundaries" (Participant 6). The participants mentioned the social aspect of group training and explained how this created a sense of belonging and provided opportunities for further social connections.

Staying connected with the group after the program were perceived as useful to provide a sense of security and support by the participants. Social media was used as a tool for staying in touch with each other, exchanging updates on their progress and offering support and feedback to one another. They used various platforms such as Snapchat and Facebook to stay connected, provide praise and support when completing a training session or reaching a goal. When someone felt like they were progressing slowly, they were glad to receive feedback from others, knowing that their efforts were still appreciated. Overall, social media played a crucial role in fostering a positive and uplifting atmosphere among the participants. Although social media could serve as an excellent social arena making them feel less isolated and providing support in their efforts to maintain healthy habits, several participants also mentioned that it could be mentally demanding to deal with a Facebook group in the process of lifestyle change. As a result, these participants found it more manageable to communicate and stay in touch with single individuals rather than the entire group.

Experienced social support by family and friends

Most of the participants highlighted that **being open with family and friends contributed to the experience of social support in the lifestyle change process**. Participants emphasized the importance of family members who implemented changes and actively participated in the process alongside them. One participant expressed the great value of support, stating: "Yes, it has been crucial to have a husband who has been very supportive, always supportive in a

way, and he was overweight himself" (Participant 8). Another participant explained how they received natural support at home and how this contributed to making the lifestyle change easier by having generally healthy eating habits. The participants explained that if people in their social network were aware of their lifestyle change, this could contribute to and increase the feeling of support because they helped promote and facilitate healthy lifestyle choices.

Being open with friends and family could help feel less alone during the process of lifestyle change. One participant explained how openness about participating in a lifestyle change program contributed to friends becoming a greater source of support, with some even joining in on the changes and providing motivation: "And I think that by aligning with others and being a bit open about this, others can help you reach that goal" (Participant 8). The participants also mention that being open about their process at their workplace could lead to support and understanding from their leaders and other colleagues. One participant described it like this: "Uh, my boss at work has been pretty supportive and asked if everything is going okay and sometimes tried to have healthy food at evening meetings and stuff." (Participant 11). Conversely, the lack of support from their families was also mentioned by some participants as a difficulty they encountered.

The participants highlighted the importance of **receiving support and feedback from their family and friends**, as it helped them recognize progress that they may have overlooked. They found the validation from an outsider's perspective to be especially valuable even when they didn't feel the change themselves, e.g., comments like "Now we think you look great" or "Wow, you've lost weight" (Participant 10). These types of encouraging comments regarding the lifestyle change process from friends and family were highlighted by the participants as a feeling of receiving support which helped increase motivation and make it easier to maintain changes and good habits. Opinions and comments from friends and family could also be challenging, such as "You must not be so hard on yourself or so strict with yourself, you must not condemn yourself for it." (Participant 4).

Experienced social support by the interdisciplinary team

The participants appreciated the **opportunity to contact the interdisciplinary team and perceived this as supportive in the lifestyle change process.** The participants valued individual conversations with members of the interdisciplinary team and stated that this made them feel seen as individuals and not just part of a larger group. Further, they described the

availability of the interdisciplinary team and the opportunity to contact a professional if they needed help or guidance as essential for their progress. One participant from the second group described the interdisciplinary team's support as vital in their lifestyle change process and stated "...So it's really nice to know that you can just contact a nutritionist or psychologist or whoever it may be, to get back on track again. I'm still in a process where things aren't going as smoothly as I'd like for my own sake (...) It's like getting a refresher on what you've learned before. With a little bit more input regularly, it's easier to stay focused on it" (Participant 10). The participants also emphasized that knowing that the team was available gave a sense of security and support and made them feel comfortable seeking help if they needed it.

Respect and caring from the interdisciplinary team fostered a sense of trust and security, which the participant found essential in experiencing social support. Several participants credited their achievements in lifestyle change to the interdisciplinary team's exceptional support. One participant expressed a deep sense of pride in their progress and attributed it to the nutritionist's enthusiastic and charismatic approach. Another participant emphasized the importance of connecting with the psychologist, stating that it was essential to the overall success of the lifestyle change process. The participant explained, " (...) And the sessions with the psychologist have been (absolutely) crucial for me and it's important to emphasize that" (Participant 8). The participants also highlighted the need for social support through personalized and individual follow-up after the main stay. One participant highlighted the need for different types of support based on each individual's requirements like this: "Because I see in my group now, we struggle with different things, even though some of it is similar (...) some may need a nutritionist, while others may need more psychological support (...) So I wish there had been a little more follow-up after the eight weeks, not just that you can come and weigh yourself here if you want." (Participant 9).

Discussion

The findings of this study support the existing literature on the role of social support in lifestyle change programs (6, 7, 8, 9, 10). The participants in our study reported that being part of a lifestyle change program increased their feeling of social support, which in turn influenced their motivation, commitment, and overall success in making positive changes. Participants experienced social support from three sources: other participants in the lifestyle change program group, family and friends, and the interdisciplinary team.

Our analysis of the interviews indicates a need for social support throughout the entire process of lifestyle change, however, the participants' sources of support changed noticeably over time: The participants who had recently completed the main stay highlighted the significance of both the group and the interdisciplinary team as an important source of social support, whereas those who had been in the program for one to two years placed less emphasis on the group and more on the interdisciplinary team. By providing regular opportunities for interaction, interventions can foster a sense of community and ensure ongoing social support throughout the entirety of the program (10). Swancutt et al. (2019) discuss the role of healthcare professionals in facilitating and managing the group process in ways that encourage patients to form meaningful psychological connections with each other and shared social identity (4)

Social support from other participants in the group

Within the group, participants highlighted the benefits of shared experiences and the feeling of relatedness that emerged from being in a similar situation. The group enhanced their feeling of social support, providing encouragement, motivation, and a sense of belonging. A review by Swancutt et al (2019) on group-based interventions for people with severe obesity supports our findings on the importance of social support from the group. The article highlights the potential advantages of group settings, such as peer support, shared social identity, and a sense of belonging, and points to how this can enhance motivation and adherence to lifestyle changes (4). These findings are further supported by an international systematic review from New Zealand and a conceptual review from Sweden (8, 10) that emphasize the importance of social connection and emotional support. The group activities and training sessions further strengthened their motivation and enjoyment in making positive changes. The positive influence of group-based interventions is in line with findings from Tay et al. (2023) that emphasized the advantages of integrating a group component into the intervention, as it facilitated participants' access to inspiration, a sense of community, and for some participants, a competitive environment (10).

Social support by family and friends

The participants emphasized the importance of social support from family and friends. They specifically found having supportive family members who actively participated in the lifestyle change process alongside them to be particularly valuable. This finding is in line with a qualitative interview study from Denmark which tried to identify drivers of importance

for long term personal lifestyle changes from a patient perspective, where one of the main themes identified was support from family and peers (14). The validation, encouragement, and feedback received from their social network helped participants recognize their progress and stay motivated. This finding is consistent with the study by Verheijden et al. (2005), which highlighted the role of social support from family members in lifestyle-focused weight management interventions (9).

Some participants mentioned challenges owed to family members who did not support their lifestyle change. This made it harder to implement and maintain healthy habits and lifestyle changes. The influence of friends and family on weight loss efforts can be both positive and negative, whereas some friends and family members helped maintain healthy eating habits while others acted as saboteurs (10, 15). These findings underscore the significance of incorporating social support from family and friends into weight management interventions and the need to address both positive and negative aspects of social interactions in supporting individuals' efforts to maintain healthy habits (8, 10, 11).

Social support by the interdisciplinary team

The findings from our study align with previous research on the importance of social support provided by the interdisciplinary team in the lifestyle change process (6, 9, 10). Participants in our study emphasized the value of being able to contact the interdisciplinary team, and the opportunity to seek guidance and help when needed. The availability of the interdisciplinary team was highly appreciated by participants, as it gave them a sense of security and comfort. Tay et al. (2023) found that participants placed significant value on personalized support and accountability, which not only fostered trust in healthcare professionals but also played a crucial role in facilitating successful outcomes (10). Further, our analysis revealed that participants expressed concerns and fears regarding the transition from the structured lifestyle change program to everyday life. They emphasized the difficulties of sustaining progress without regular guidance and support from the interdisciplinary team. According to Tay et al. (2023), the discontinuation of supervision after the intervention was found to be a significant barrier to weight loss maintenance, as participants described feeling unsupported and lacking guidance, leading to a sense of uncertainty and difficulty in sustaining their progress (10).

This study has some limitations due to the small sample size that is often found in qualitative studies (16). Another limitation could be that the data was collected as part of a larger project and did not aim to explore social support as the main theme. Our results could have been

strengthened by observing the same group over time instead of comparing two different groups.

Conclusions

In conclusion, our study underscores the importance of social support in lifestyle change programs. Recognizing various sources of support and implementing strategies that foster relatedness and emotional support was found to be a key factor for the experienced social support by the participants. Our findings support the importance of sustaining a sense of community in the group and suggests that it's important for interventions to promote platforms for facilitating ongoing interactions and support among participants within the group. Future studies should focus on examining long-term lifestyle interventions and developing tailored approaches to meet the diverse needs of individuals with morbid obesity and explore effective strategies for involving family and friends in these programs and examine the impact of enhanced peer support.

Declarations

Ethics approval and consent to participate

Ethical approval was obtained by the Norwegian Center for Data Security. Participants gave their written informed consent to participate.

Consent for publication

Not applicable.

Availability of data and materials

Available on request.

Competing interests

The authors declare no competing interests.

Funding

Not applicable

Author contributions

XX developed interview guide and conducted the interviews. KTJ and LTV contributed equally to the analysis, and interpretation of the study. They were both involved in drafting and revising the manuscript critically for important intellectual content. All authors have given final approval of the final manuscript.

Acknowledgments

We would like to acknowledge the participants and the external researcher for giving us valuable information.

References:

- 1. World Health Organization: Obesity and Overweight. Geneva: WHO, 2021. Available from: www.who.int/news-room/fact-sheets/detail/obesity-and-overweight (Last accessed April 19, 2023)
- 2. Yumuk V, Tsigos C, Fried M, Schindler K, Busetto L, Micic D, Toplak H. European Guidelines for Obesity Management in Adults. Obes Facts. 2015; 8:402-424.
- 3. Zinöcker S, Reinar LM, Eggen FR, Refsdal TL, Kornør H. Treatment options for morbid obesity: rapid review for a patient decision aid. Oslo. Norwegian Institute of Public Health; 2020. Available from:

 https://www.fhi.no/globalassets/dokumenterfiler/rapporter/2020/treatment-options-for-morbid-obesity-report-2020.pdf (Last accessed April 24, 2023)
- 4. Swancutt D, Tarrant M, Pinkney J. How Group-Based Interventions Can Improve Services for People with Severe Obesity. Curr Obes Rep. 2019; 8:333-339.
- 5. Directorate of Health. Prevention, Assessment, and Treatment of Overweight and Obesity in Adults: National Guidelines for Primary Healthcare Services. Directorate of Health: Oslo; 2010. IS-1735
- 6. Nordmo M, Danielsen Y S, Nordmo, M. The challenge of keeping it off, a descriptive systematic review of high-quality, follow-up studies of obesity treatments. Obesity Reviews. 2020;21: e12949
- 7. Chopra S, Malhotra A, Ranjan P, et al. Predictors of successful weight loss outcomes amongst individuals with obesity undergoing lifestyle interventions: A systematic review. Obesity Reviews. 2021;22: e13148.
- 8. Elfhag K, Rössner S. Who succeeds in maintaining weight loss? A conceptual review of factors associated with weight loss maintenance and weight regain. Obes Rev. 2005;6(1):67-85.
- 9. Verheijden MW, Bakx JC, van Weel C, Koelen MA, van Staveren WA. Role of social support in lifestyle-focused weight management interventions. Eur J Clin Nutr. 2005;59(Suppl 1): S179-S186.
- 10. Tay A, Hoeksema H, Murphy R. Uncovering Barriers and Facilitators of Weight Loss and Weight Loss Maintenance: Insights from Qualitative Research. Nutrients. 2023;15;1297
- 11. Hammarström A, Wiklund A. F, Lindahl B, Larsson C, Ahlgren C. Experiences of barriers and facilitators to weight-loss in a diet intervention a qualitative study of women in Northern Sweden. BMC Women's Health. 2014; 14:59.
- 12. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. International Journal for Quality in Health Care, Volume 19, Issue 6, December 2007,349-357.
- 13. Braun V, Clarke V. Thematic Analysis: A Practical Guide. London: SAGE Publications; 2021.
- 14. Brandt CJ, Clemsen J, Nielsen JB, Søndergaard J. Drivers for successful long-term lifestyle change, the role of e-health: a qualitative interview study. BMJ Open 2018;8:e017466
- 15. Metzgaar CJ, Preston AG, Miller DL, Nickols-Richardson SM. Facilitators and barriers to weight loss and weight loss maintenance: a qualitative exploration. J Hum Nutr Diret 2015;28,593-603.
- 16. Malterud K, Siersma VD, Guassora AD. Sample Size in Qualitative Interview Studies: Guided by Information Power. Qualitative Health Research. 2016; 26(13):1753-1760.

Attachment 1:

BMC Nutrition author guidelines, last assessed June 14th 2023:

https://bmcnutr.biomedcentral.com/submission-guidelines/preparing-your-manuscript/research-article

Research article

Criteria

Research articles should report on original primary research, or present a new experimental or computational method, test or procedure. Manuscripts reporting results of a clinical trial must conform to CONSORT 2010 guidelines. Authors of randomized controlled trials should submit a completed CONSORT checklist alongside their manuscript, available at www.consort-statement.org. Research articles may also report on systematic reviews of published research provided they adhere to the appropriate reporting guidelines which are detailed in our editorial policies. Please note that non-commissioned pooled analyses of selected published research and bibliometric analysis will not be considered. Studies reporting descriptive results from a single institution or region will only be considered if analogous data have not been previously published in a peer reviewed journal and the conclusions provide distinct insights that are of relevance to a regional or international audience.

BMC Nutrition strongly encourages that all datasets on which the conclusions of the paper rely should be available to readers. We encourage authors to ensure that their datasets are either deposited in publicly available repositories (where available and appropriate) or presented in the main manuscript or additional supporting files whenever possible. Please see Springer Nature's data repository guidance. Where a widely established research community expectation for data archiving in public repositories exists, submission to a community-endorsed, public repository is mandatory. A list of data where deposition is required, with the appropriate repositories, can be found on the Editorial Policies Page.

Cropped gels and blots can be included in the main text if it improves the clarity and conciseness of the presentation. In such cases, the cropping of the blot must be clearly evident and must be mentioned in the figure legend. Corresponding uncropped full-length gels and blot should be included in the supplementary information. These uncropped images

should indicate where they were cropped, be labelled as in the main text and placed in a single supplementary figure. The manuscript's figure legends should state that 'Full-length blots/gels are presented in Supplementary Figure X'. Further information can be found under 'Digital image integrity' which are detailed on our Standards of Reporting page.

Professionally produced Visual Abstracts

BMC Nutrition will consider visual abstracts. As an author submitting to the journal, you may wish to make use of services provided at Springer Nature for high quality and affordable visual abstracts where you are entitled to a 20% discount. Click <u>here</u> to find out more about the service, and your discount will be automatically be applied when using this link.

Preparing your manuscript

The information below details the section headings that you should include in your manuscript and what information should be within each section.

Please note that your manuscript must include a 'Declarations' section including all of the subheadings (please see below for more information).

Title page

The title page should:

- present a title that includes, if appropriate, the study design e.g.:
 - "A versus B in the treatment of C: a randomized controlled trial", "X is a risk factor for Y: a case control study", "What is the impact of factor X on subject Y: A systematic review"
 - or for non-clinical or non-research studies a description of what the article reports
- list the full names and institutional addresses for all authors
 - o if a collaboration group should be listed as an author, please list the Group name as an author. If you would like the names of the individual members of the Group to be searchable through their individual PubMed records, please include this information in the "Acknowledgements" section in accordance with the instructions below

- Large Language Models (LLMs), such as <u>ChatGPT</u>, do not currently satisfy our <u>authorship criteria</u>. Notably an attribution of authorship carries with it accountability for the work, which cannot be effectively applied to LLMs. Use of an LLM should be properly documented in the Methods section (and if a Methods section is not available, in a suitable alternative part) of the manuscript.
- indicate the corresponding author

Abstract

The Abstract should not exceed 350 words. Please minimize the use of abbreviations and do not cite references in the abstract. Reports of randomized controlled trials should follow the <u>CONSORT</u> extension for abstracts. The abstract must include the following separate sections:

- **Background:** the context and purpose of the study
- Methods: how the study was performed and statistical tests used
- **Results:** the main findings
- Conclusions: brief summary and potential implications
- **Trial registration:** If your article reports the results of a health care intervention on human participants, it must be registered in an appropriate registry and the registration number and date of registration should be stated in this section. If it was not registered prospectively (before enrollment of the first participant), you should include the words 'retrospectively registered'. See our <u>editorial policies</u> for more information on trial registration

Keywords

Three to ten keywords representing the main content of the article.

Background

The Background section should explain the background to the study, its aims, a summary of the existing literature and why this study was necessary or its contribution to the field.

Methods

The methods section should include:

- the aim, design and setting of the study
- the characteristics of participants or description of materials
- a clear description of all processes, interventions and comparisons. Generic drug names should generally be used. When proprietary brands are used in research, include the brand names in parentheses
- the type of statistical analysis used, including a power calculation if appropriate

Results

This should include the findings of the study including, if appropriate, results of statistical analysis which must be included either in the text or as tables and figures.

Discussion

This section should discuss the implications of the findings in context of existing research and highlight limitations of the study.

Conclusions

This should state clearly the main conclusions and provide an explanation of the importance and relevance of the study reported.

List of abbreviations

If abbreviations are used in the text they should be defined in the text at first use, and a list of abbreviations should be provided.

Declarations

All manuscripts must contain the following sections under the heading 'Declarations':

- Ethics approval and consent to participate
- Consent for publication
- Availability of data and materials

- Competing interests
- Funding
- Authors' contributions
- Acknowledgements
- Authors' information (optional)

Please see below for details on the information to be included in these sections.

If any of the sections are not relevant to your manuscript, please include the heading and write 'Not applicable' for that section.

Ethics approval and consent to participate

Manuscripts reporting studies involving human participants, human data or human tissue must:

- include a statement on ethics approval and consent (even where the need for approval was waived)
- include the name of the ethics committee that approved the study and the committee's reference number if appropriate

Studies involving animals must include a statement on ethics approval and for experimental studies involving client-owned animals, authors must also include a statement on informed consent from the client or owner.

See our <u>editorial policies</u> for more information.

If your manuscript does not report on or involve the use of any animal or human data or tissue, please state "Not applicable" in this section.

Consent for publication

If your manuscript contains any individual person's data in any form (including any individual details, images or videos), consent for publication must be obtained from that person, or in the case of children, their parent or legal guardian. All presentations of case reports must have consent for publication.

You can use your institutional consent form or our <u>consent form</u> if you prefer. You should not send the form to us on submission, but we may request to see a copy at any stage (including after publication).

See our editorial policies for more information on consent for publication.

If your manuscript does not contain data from any individual person, please state "Not applicable" in this section.

Availability of data and materials

All manuscripts must include an 'Availability of data and materials' statement. Data availability statements should include information on where data supporting the results reported in the article can be found including, where applicable, hyperlinks to publicly archived datasets analysed or generated during the study. By data we mean the minimal dataset that would be necessary to interpret, replicate and build upon the findings reported in the article. We recognise it is not always possible to share research data publicly, for instance when individual privacy could be compromised, and in such instances data availability should still be stated in the manuscript along with any conditions for access.

Authors are also encouraged to preserve search strings on searchRxiv https://searchrxiv.org/, an archive to support researchers to report, store and share their searches consistently and to enable them to review and re-use existing searches. searchRxiv enables researchers to obtain a digital object identifier (DOI) for their search, allowing it to be cited.

Data availability statements can take one of the following forms (or a combination of more than one if required for multiple datasets):

- The datasets generated and/or analysed during the current study are available in the [NAME] repository, [PERSISTENT WEB LINK TO DATASETS]
- The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.
- All data generated or analysed during this study are included in this published article
 [and its supplementary information files].
- The datasets generated and/or analysed during the current study are not publicly available due [REASON WHY DATA ARE NOT PUBLIC] but are available from the corresponding author on reasonable request.

- Data sharing is not applicable to this article as no datasets were generated or analysed during the current study.
- The data that support the findings of this study are available from [third party name] but restrictions apply to the availability of these data, which were used under license for the current study, and so are not publicly available. Data are however available from the authors upon reasonable request and with permission of [third party name].
- Not applicable. If your manuscript does not contain any data, please state 'Not applicable' in this section.

More examples of template data availability statements, which include examples of openly available and restricted access datasets, are available here.

BioMed Central strongly encourages the citation of any publicly available data on which the conclusions of the paper rely in the manuscript. Data citations should include a persistent identifier (such as a DOI) and should ideally be included in the reference list. Citations of datasets, when they appear in the reference list, should include the minimum information recommended by DataCite and follow journal style. Dataset identifiers including DOIs should be expressed as full URLs. For example:

Hao Z, AghaKouchak A, Nakhjiri N, Farahmand A. Global integrated drought monitoring and prediction system (GIDMaPS) data sets. figshare.

2014. http://dx.doi.org/10.6084/m9.figshare.853801

With the corresponding text in the Availability of data and materials statement:

The datasets generated during and/or analysed during the current study are available in the [NAME] repository, [PERSISTENT WEB LINK TO DATASETS]. [Reference number]

If you wish to co-submit a data note describing your data to be published in <u>BMC Research</u>

Notes, you can do so by visiting our <u>submission portal</u>. Data notes support <u>open data</u> and help authors to comply with funder policies on data sharing. Co-published data notes will be linked to the research article the data support (example).

Competing interests

All financial and non-financial competing interests must be declared in this section.

See our <u>editorial policies</u> for a full explanation of competing interests. If you are unsure whether you or any of your co-authors have a competing interest please contact the editorial office.

Please use the authors initials to refer to each authors' competing interests in this section.

If you do not have any competing interests, please state "The authors declare that they have no competing interests" in this section.

Funding

All sources of funding for the research reported should be declared. The role of the funding body in the design of the study and collection, analysis, and interpretation of data and in writing the manuscript should be declared.

Authors' contributions

The individual contributions of authors to the manuscript should be specified in this section. Guidance and criteria for authorship can be found in our <u>editorial policies</u>.

Please use initials to refer to each author's contribution in this section, for example: "FC analyzed and interpreted the patient data regarding the hematological disease and the transplant. RH performed the histological examination of the kidney, and was a major contributor in writing the manuscript. All authors read and approved the final manuscript."

Acknowledgements

Please acknowledge anyone who contributed towards the article who does not meet the criteria for authorship including anyone who provided professional writing services or materials.

Authors should obtain permission to acknowledge from all those mentioned in the Acknowledgements section.

See our <u>editorial policies</u> for a full explanation of acknowledgements and authorship criteria. If you do not have anyone to acknowledge, please write "Not applicable" in this section.

Group authorship (for manuscripts involving a collaboration group): if you would like the names of the individual members of a collaboration Group to be searchable through their individual PubMed records, please ensure that the title of the collaboration Group is included on the title page and in the submission system and also include collaborating author names as the last paragraph of the "Acknowledgements" section. Please add authors in the format First Name, Middle initial(s) (optional), Last Name. You can add institution or country information for each author if you wish, but this should be consistent across all authors.

Please note that individual names may not be present in the PubMed record at the time a published article is initially included in PubMed as it takes PubMed additional time to code this information.

Authors' information

This section is optional.

You may choose to use this section to include any relevant information about the author(s) that may aid the reader's interpretation of the article, and understand the standpoint of the author(s). This may include details about the authors' qualifications, current positions they hold at institutions or societies, or any other relevant background information. Please refer to authors using their initials. Note this section should not be used to describe any competing interests.

Footnotes

Footnotes can be used to give additional information, which may include the citation of a reference included in the reference list. They should not consist solely of a reference citation, and they should never include the bibliographic details of a reference. They should also not contain any figures or tables.

Footnotes to the text are numbered consecutively; those to tables should be indicated by superscript lower-case letters (or asterisks for significance values and other statistical data). Footnotes to the title or the authors of the article are not given reference symbols.

Always use footnotes instead of endnotes.

References

Examples of the Vancouver reference style are shown below.

See our editorial policies for author guidance on good citation practice

Web links and URLs: All web links and URLs, including links to the authors' own websites, should be given a reference number and included in the reference list rather than within the text of the manuscript. They should be provided in full, including both the title of the site and the URL, as well as the date the site was accessed, in the following format: The Mouse Tumor Biology Database. http://tumor.informatics.jax.org/mtbwi/index.do. Accessed 20 May 2013. If an author or group of authors can clearly be associated with a web link, such as for weblogs, then they should be included in the reference.

Example reference style:

Article within a journal

Smith JJ. The world of science. Am J Sci. 1999;36:234-5.

Article within a journal (no page numbers)

Rohrmann S, Overvad K, Bueno-de-Mesquita HB, Jakobsen MU, Egeberg R, Tjønneland A, et al. Meat consumption and mortality - results from the European Prospective Investigation into Cancer and Nutrition. BMC Medicine. 2013;11:63.

Article within a journal by DOI

Slifka MK, Whitton JL. Clinical implications of dysregulated cytokine production. Dig J Mol Med. 2000; doi:10.1007/s801090000086.

Article within a journal supplement

Frumin AM, Nussbaum J, Esposito M. Functional asplenia: demonstration of splenic activity by bone marrow scan. Blood 1979;59 Suppl 1:26-32.

Book chapter, or an article within a book

Wyllie AH, Kerr JFR, Currie AR. Cell death: the significance of apoptosis. In: Bourne GH, Danielli JF, Jeon KW, editors. International review of cytology. London: Academic; 1980. p. 251-306.

OnlineFirst chapter in a series (without a volume designation but with a DOI)

Saito Y, Hyuga H. Rate equation approaches to amplification of enantiomeric excess and chiral symmetry breaking. Top Curr Chem. 2007. doi:10.1007/128_2006_108.

Complete book, authored

Blenkinsopp A, Paxton P. Symptoms in the pharmacy: a guide to the management of common illness. 3rd ed. Oxford: Blackwell Science; 1998.

Online document

Doe J. Title of subordinate document. In: The dictionary of substances and their effects. Royal Society of Chemistry. 1999. http://www.rsc.org/dose/title of subordinate document. Accessed 15 Jan 1999.

Online database

Healthwise Knowledgebase. US Pharmacopeia, Rockville. 1998. http://www.healthwise.org. Accessed 21 Sept 1998.

Supplementary material/private homepage

Doe J. Title of supplementary material. 2000. http://www.privatehomepage.com. Accessed 22 Feb 2000.

University site

Doe, J: Title of preprint. http://www.uni-heidelberg.de/mydata.html (1999). Accessed 25 Dec 1999.

FTP site

Doe, J: Trivial HTTP, RFC2169. ftp://ftp.isi.edu/in-notes/rfc2169.txt (1999). Accessed 12 Nov 1999.

Organization site

ISSN International Centre: The ISSN register. http://www.issn.org (2006). Accessed 20 Feb 2007.

Dataset with persistent identifier

Zheng L-Y, Guo X-S, He B, Sun L-J, Peng Y, Dong S-S, et al. Genome data from sweet and grain sorghum (Sorghum bicolor). GigaScience Database.

2011. http://dx.doi.org/10.5524/100012.

Figures, tables and additional files

See <u>General formatting guidelines</u> for information on how to format figures, tables and additional files.

Submit manuscript