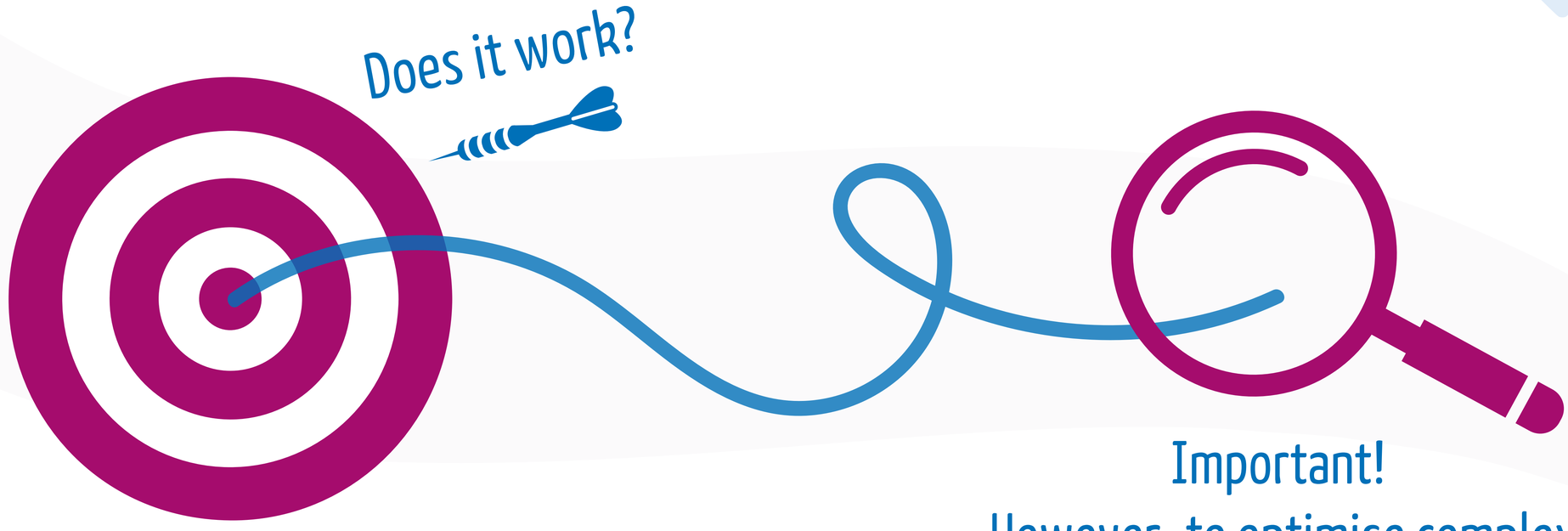
How well does it fit?

Evaluation of a support programme aimed at behaviour and nutrition, surrounding bariatric surgery

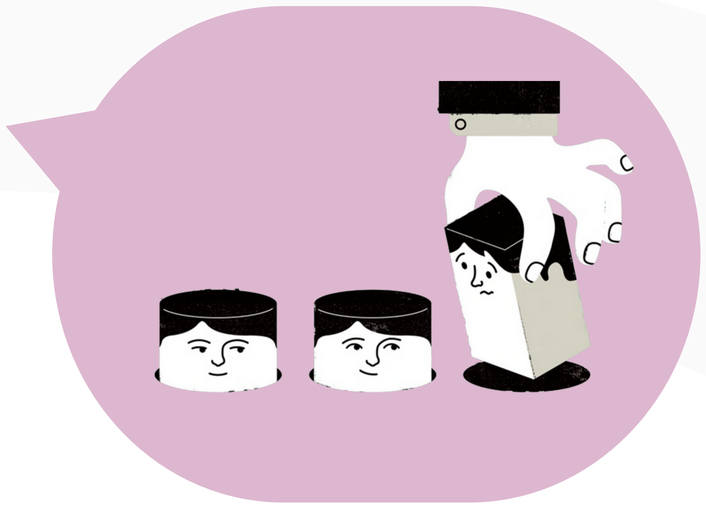
Support surrounding bariatric surgery is important according to patients and professionals. However, a lot is still unclear: which components, delivery methods, and what intensity is helpful to support health?

Most studies evaluated:



Important!
However, to optimise complex interventions we also must know:
How does it work, and why (not)?

According to patients, we can optimise by...



A more flexible programme:
adjusted to varying needs in type and intensity.

Spacing sessions more over time:
1-2 years after surgery, instead of 9 months.

+ ...

METHODS

Process evaluation* in patients in a group programme with cognitive behavioural therapy and nutritional support, until 9 months after surgery:

- Appropriate: is it relevant, does it fit, is it practicable?
- Acceptable: satisfied with content and delivery?

* Based on: Proctors' taxonomy for implementation outcomes and Bandura's Social Cognitive Theory.

Fidelity: received intervention dose in population who finished the programme (n=1364).

Mixed methods: focus groups (2x 5 participants), interviews (11), observations, administrative data.

Interviewees in different phases of programme.

RESULTS

Is it APPROPRIATE?

RELEVANCE

Pre-surgery: useful was:

- Eating/behaviour: practicing with post-surgery diet; insight in hunger.
- Social: peers; expert by experience, involving a close social contact.

Desired: more attention negative aspects via experts by experience.

Post-surgery sessions less relevant due to: group interaction, perceived fit, continuity.

PERCEIVED FIT

- Limited by group format. Possibility for individual support appreciated.
- Variability in needs: type, intensity; and due to age, gender and surgery type.
- More attention: exercise, coping with changes (physical, psychological, social).

PRACTICABILITY

- Many describe to have found a way to implement changes: at home, work, dining.
- Enhanced by programme components: food choices, meal planning.
- Influenced by various factors: individual, physical and social.

Is it ACCEPTABLE?

CONTENT

Satisfied with pre-surgery programme, less with post. Satisfied with complexity. Some: positive psychologist and dietician.

Credibility of recommendations increased by clear explanation. Lowered by: inconsistencies between professionals or other clinics; experimenting; suspected financial motivations for support choices (e.g. limiting extra individual sessions).

Availability of content is less post-surgery. Suggestions: make session content, basic and in-depth information available, e.g. online.

DELIVERY

Group sessions: contact with peers valuable: support, learning, recognition. However: group interaction could control sessions, less attention for planned topics, focus on too specific problems.

Comfortable during sessions, being with peers. Also: listening and non-judgemental attitude professionals. Discomfort if friction.

Duration of45 minutes: too short, 90 minutes better if sessions are relevant. Balance with traveling time.

Group size of 10-12 persons accepted, unless group interaction takes over / more dominant group members.

Online sessions (during COVID lock downs) not well accepted: little interaction, difficult to express emotions / give support.

CONTINUITY

Unsure about timing and spacing post-surgery: expect more difficulties >1 year after surgery, when effect of surgery diminishes. Suggest longer duration (1, 1.5 or 2 years after surgery, interval: 3 or 6 months). Possibility to call after the programme when problems occur appreciated. Postoperative biweekly sessions too close to each other, lowering relevance.

Session leader related: changes in session leaders not appreciated: trust relationship lost, less sharing, less fit of content.

Group management skills enhance relevance by:

- adequate response to more dominant group members;
- spreading attention among group members;
- prevent that the discussion becomes too specific (individual session if needed);
- adequately handling negativity of group members.

Received intervention dose (minutes) 'post' (74%) lower than 'pre' (96%). Minutes planned online: (very) weak positive correlation with received dose. Not well accepted.

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