

ABSTRACT

THE PROCESS OF DECIDING TO LOSE WEIGHT: A QUALITATIVE STUDY OF YOUNG WOMEN

By Jacklyn M. Foth

Obesity is a major problem in the United States. Since 1990, obesity prevalence has doubled in adults, and overweight prevalence has tripled in children and adolescents. The prevalence of both overweight and obesity continues to increase in men, children, and adolescents, and remains at a stable high in women (Ogden et al., 2006). While studies have investigated the experience of being overweight, and the reasons why women choose to lose weight, there is a paucity of studies on the *process* of decision making in weight loss in women. The purpose of this study therefore, was to explore how young women decide to lose weight.

The Transtheoretical Model of Health Behavior Change, by Prochaska and Velicer (1997), was used as the theoretical framework. The Transtheoretical Model describes the process of health behavior change through six stages: precontemplation, contemplation, preparation, action, maintenance, and termination.

A qualitative approach using a naturalistic method of inquiry was used to study the decision-making process. The target population was young women in the Weight Watchers (WW) program in the Midwest. The accessible population was young women in a WW program in Northeast (NE) Wisconsin. A convenience sample comprised of five women from various NE Wisconsin Weight Watchers support groups. Two questionnaires were used for data collection: A demographic questionnaire and an open ended question: Tell me how you decided to lose weight. Data were collected through open-ended interviews. Interviews were transcribed verbatim. Data were analyzed using Colaizzi's (1978) method.

Analysis of data indicated three emergent themes: The Hull, The Sail, and The Anchor. The process of weight loss begins with the recognition of a unique element. A triad of success follows, including overall lifestyle change, prior weight loss, and discovery of personal change. The support mechanisms of family, maintaining both physical and mental health, seeing changing numbers on the scale, and setting specific weight goals to sustain weight loss are required.

Advanced Practice Nurses (APNs) play a major role in health promotion, and weight loss can often be the first step in reversing negative health consequences. With a better understanding of the decision making process, advanced practice nurses can help guide their patients toward health promoting activities such as weight loss.

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by

Jacklyn M. Foth

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APPROVAL

L. Lamburnathan Advisor
4/27/10 Date Approved

PROVOST
AND VICE CHANCELLOR

Jan R. Enns
4/29/2010
Date Approved

FORMAT APPROVAL

Gloria Splittgerber
4/15/2010
Date Approved

To my family and friends I dedicate this paper. To my mother Meri, who provided me with unconditional love and support, and never let me run out of clean clothes to wear to clinical. To my father Patrick, who always listened to me and helped me figure out what to do and how to get it done. To my friends, who are still my friends today after many unreturned phone calls and emotional melt-downs. Without all of you, I would not be where I am today. Thank you!

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CHAPTER I

INTRODUCTION

Obesity is a problem of epidemic proportion in the United States (U.S.). “Between 1980 and 2002, obesity prevalence doubled in adults aged 20 years or older and overweight prevalence tripled in children and adolescents aged six to 19 years” (Ogden et al., 2006, p. 1549). Furthermore, based on national measurements of weight and height over a six year period from 1999-2004, the prevalence of both overweight and obesity continued to increase in men, children, and adolescents, and remained at a stable high in women (Ogden et al.).

Ogden et al. (2006) conducted a study to examine obesity trends and provide an estimate of the overweight and obese population in the United States. The sample was a complex, multistage probability sample representative of the noninstitutionalized U.S. population from the National Health and Nutrition Examination Survey (NHANES). Data were collected from 1999-2004 and revealed that 17.1% of all U.S. children were overweight (BMI for age at 95th percentile or higher) in 2003-2004, and 33.6% of children were at risk of becoming overweight (BMI for age at 85th percentile or higher) in the same time period. The data also indicated that 66.3% of all American adults aged 20 or greater were overweight (BMI greater than 25), 32.2% were obese (BMI greater than 30), and 4.8% were extremely obese (BMI greater than 40) (Ogden et al.).

According to the Office of the Surgeon General (OSG) (2007), an estimated 300,000 premature deaths can be attributed to obesity, and this risk increases with every

extra pound. The incidence of heart disease increases and the risk of hypertension doubles in the obese. A weight gain of just 11 to 18 pounds can increase an individual's risk for type II diabetes, and over 80% of individuals with type II diabetes are overweight or obese. Women who gain more than 20 pounds double their chances of breast cancer, and remain at an increased risk for other types of cancer. Sleep apnea, asthma, and arthritis are directly related to weight gain. The OSG also reports that a weight loss of just five to 15 percent of total body weight can significantly reduce the risk of some diseases, especially heart disease. Weight loss can also reduce blood pressure, blood sugar, and improve cholesterol.

Qualitative studies have investigated weight issues in young women such as the experience of being overweight and the experience of successful weight loss (Chang, Liou, Sheu, & Chen, 2004; Daniels, 2006). A grounded theory study by Johnson (1990) explored the process of weight loss. The goal of the study was to understand the experience of dieters undergoing the weight loss process, and to develop substantive theory on the process of losing weight. The study was conducted at a weight reduction center on a sample of 13 female informants, ages 25 to 54. Data were obtained by observation of weigh-ins, classes and seminars at the weight reduction center, multiple in-depth interviews, and documents including manuals, newsletters, magazines, and informants' records (Johnson). "The study identified a three-stage process called restructuring through which dieters progressed as they attempted to lose and maintain a goal weight. The process occurred over a period of time and involved change" (p. 1294).

In stage one “Gaining a sense of control,” external and internal restructuring begin. The overweight person feels a need to be in control of food, and this goal is accomplished in two phases- reorganizing self/environment, and coming to terms with self. “Stage two reflects the alteration in attitude and outlook as the dieters continue to work through the process of losing weight” (Johnson, 1990, p. 1292). In stage two “Changing perspective,” the dieter changes her level of awareness with an internal restructuring that focuses on a new approach to food, eating, and lifestyle, not merely a task which will result in weight loss. A key to this stage is self-reflection and includes meeting one’s own needs, the meaning of success and failure, eating style and dieting, and overweight as a chronic disease. Finally, in stage three “Integrating a new identity and/or way of life,” a synthesis of former beliefs and habits with newly developed meanings, values, and behavior patterns takes place. Three important phases occur in this stage and include testing, identification, and support (Johnson).

An important implication of the Johnson (1990) study is the incorporation of cognitive strategies into weight loss programs. Since progression through the three stages of the weight loss process depended on an individual’s mastery of the four themes identified in stage two, use of cognitive strategies versus behavioral techniques may prove to be a more beneficial intervention for nurses who are attempting to help women lose weight (Johnson).

Quantitative studies have also investigated weight issues in young women such as the link between physical activity and depression, obesity and physical activity in college women, obstetric outcomes in obese women, and changes in weight and health behaviors

in college students (Ball, Burton, & Brown, 2009; Clement, Schmidt, Bernaix, Covington, & Carr, 2004; Magriples, Kershaw, Rising, Westdahl, & Ickovics, 2009; Racette, Deusinger, Strube, Highstein, & Deusinger, 2008). However, only one study, Brink and Ferguson (1998), could be found that directly explored reasons people decide to lose weight. The sample consisted of 100 successful dieters (50 men and 50 women) and 40 unsuccessful dieters, who were used as a control group. Participants were interviewed for 1- 1^{1/2} half hours and were asked 62 open ended questions. The questions were designed to reveal the participant's personal history related to food, dieting, exercise, health, family interaction patterns, familial patterns of obesity, decisions to diet, advice to others, beliefs in what worked, and several other similar topics.

Results indicated that two primary reasons were cited by both male and female participants for losing weight: health and physical attractiveness. Physicians were also a major motivator for losing weight, as all participants had seen a physician about their weight at least once. A final implication in Brink and Ferguson's (1998) study was that deciding to lose weight, and the reasons for the decision, do not necessarily differentiate the successful from the unsuccessful dieters. The researchers discussed the reasons for participants' decision to lose weight, but did not discuss the process that a women goes through to arrive at that decision. If deciding to lose weight based on different motivating factors does not differentiate the successful from the unsuccessful dieters, then what does? How does arriving at the decision to lose weight play a role in an individual's weight loss?

Significance to Advanced Nursing Practice

Nurse practitioners play a major role in health promotion, and weight loss can often be the first step in reversing negative health consequences associated with heart disease, hypertension, type II diabetes, breast cancer, sleep apnea, asthma, and arthritis (Office of the Surgeon General, 2007). With a better understanding of the process that women go through to decide to lose weight, nurse practitioners can intervene at various points in this process to help their patients come to the final decision.

Problem Statement

Overweight and obesity are problems of epidemic proportion in the United States. Over the past two decades, the problem continues to worsen rather than improve. There are many negative consequences associated with excess weight, including increased risk of cardiovascular disease, hypertension, diabetes mellitus, and cancer. A greater understanding of the decision- making process in losing weight can help nurse practitioners (NPs) better understand the problems of overweight patients, and help with health promotion.

Purpose Statement

The purpose of this study was to explore how young women decide to lose weight.

Research Question

What is the process by which young women decide to lose weight?

Conceptual Definitions

Process: Processes are the covert and overt activities that people use to progress through the stages of change (Prochaska & Velicer, 1997).

Young women: Women between the chronological ages of 18 to 32 years (Andajani-Sutjahjo, Ball, Warren, Inglis, & Crawford, 2004; Chang, Liou, Sheu, & Chen, 2004; Ball, Burton, & Brown, 2009).

Decide to lose weight: Deciding is the process of choosing between alternative courses of action (including inaction), to achieve a negative energy balance resulting in the reduction of body weight (O'Connor, Jacobsen, & Stacey, 2002; Sutton et al., 2003).

Operational Definitions

Process: As reported by participants during the one-on-one interview.

Young women: In this study, women between the ages of 18-32 as defined by the participant's Wisconsin Driver's license, and self-report of chronological age.

Decide to lose weight: The participant's decision to lose weight, as reported by how the participant states she chose between alternative courses of action to achieve a weight loss of ten percent or greater of body weight. Weight lost will be reported by the Weight Watchers (WW) membership card which identifies a starting weight, a current weight, a 10% weight loss, and an ultimate goal weight. Weights are obtained at WW meetings by WW employees. Weights are recorded on the membership cards by the same WW employee.

Assumptions

1. Participants are honest in their responses to questions.
2. WW scales are accurate as indicated by their calibration certificates. WW employees are honest in their documentation of members' weights on their membership cards.
3. Weight loss is a process that likely occurs in stages over time (Prochaska & Velicer, 1997). Some people may not choose to lose weight.
4. "Obesity is a significant public health issue linked to chronic disease and cancer" (Heading, 2008, p. 87). Overweight and obesity clearly present a problem to primary healthcare practitioners.
5. Current interventions to assist individuals in losing weight are not having the desired impact (Heading, 2008).

Chapter Summary

In this chapter, the problem of overweight and obesity was presented. The negative health consequences of excess weight were summarized. Few research studies have been conducted on the decision to lose weight, and no study could be found that focused specifically on the process of how young women decide to lose weight. The research question was "What is the process by which young women decide to lose weight?" All terms were defined both conceptually and operationally, and underlying assumptions of the study were presented. Results of this study will be useful to advance practice nurses so that they can have a better understanding of what their patients need

from them to achieve their weight loss goals. In the next chapter, the theoretical framework underlying the study will be presented, and relevant literature will be reviewed.

CHAPTER II

THEORETICAL FRAMEWORK AND REVIEW OF LITERATURE

The purpose of this study was to explore how young women decide to lose weight. This chapter presents the theoretical framework used to guide this study. A case study illustrating the theory, and a model congruent with the theory, are presented for a clearer understanding of the theoretical framework. Research studies pertinent to this study are discussed in the literature review, including studies related to overweight and obesity in young women, depression, weight-loss programs, obesity treatment in adults, and media and social influences leading to body dissatisfaction.

Theoretical Framework

The theoretical framework for this study is the Transtheoretical Model of Health Behavior Change, by Prochaska and Velicer (1997). “The transtheoretical model uses a temporal dimension, the stages of change, to integrate processes and principles of change from different theories of intervention, hence the name transtheoretical” (Prochaska & Velicer, p. 38). The model was developed from over 300 theories of psychotherapy by comparative analysis. Initial studies using the model focused on smoking cessation, but later expanded to include many topics such as alcohol and substance abuse, and eating disorders and obesity.

“The transtheoretical model posits that health behavior change involves progress through six stages of change: precontemplation, contemplation, preparation, action,

maintenance, and termination” (Prochaska & Velicer, 1997, p. 38). Also included in the model are ten processes of change, or activities used by individuals to progress through the stages (see Figure 1). The concepts of decisional balance, self-efficacy, and temptation are discussed.

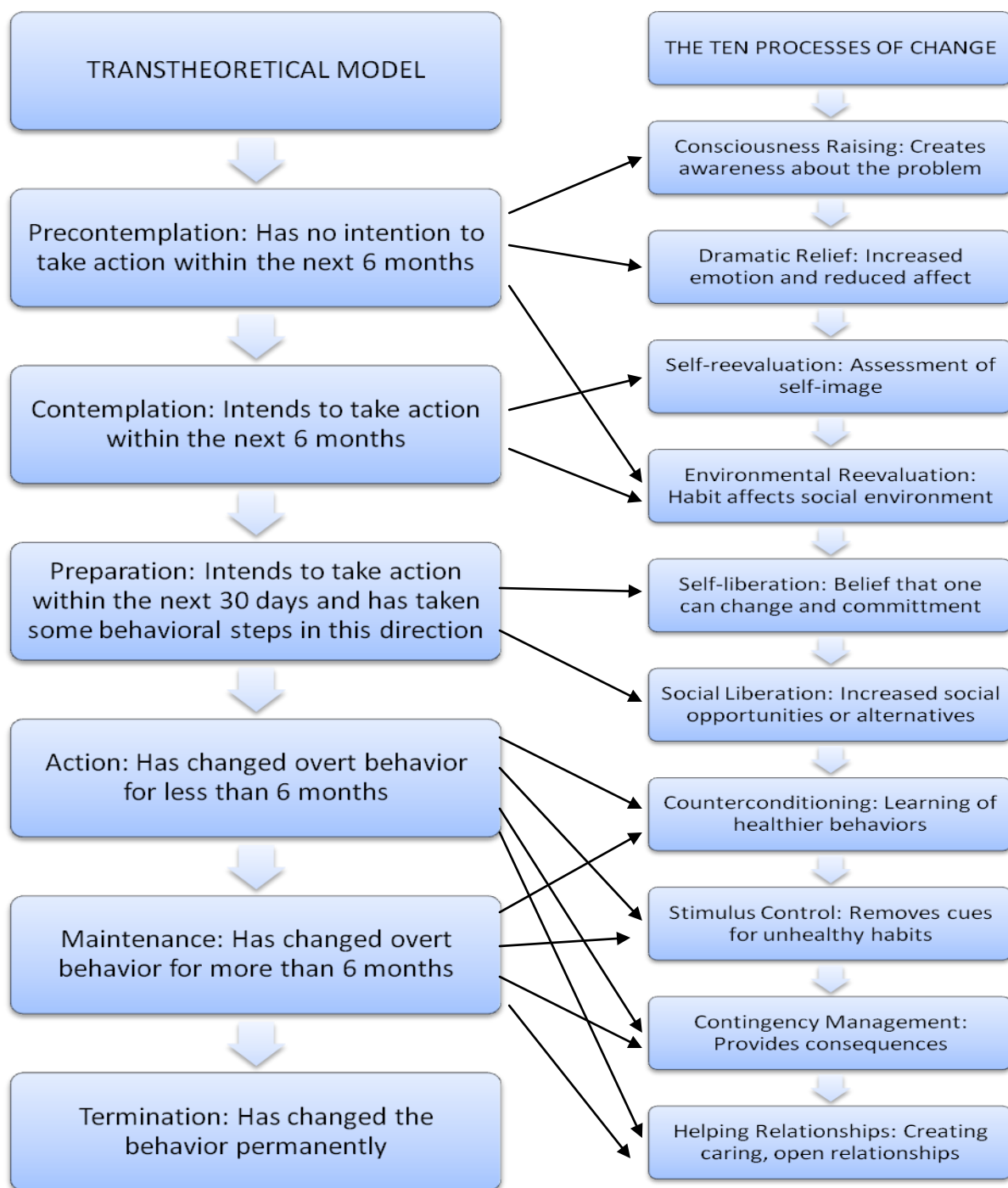


Figure 1. The Transtheoretical Model and the 10 processes of change (Prochaska & Velicer, 1997).

The first stage of change is precontemplation. “Precontemplation is the stage in which people are not intending to take action in the foreseeable future, usually measured as the next 6 months” (Prochaska & Velicer, 1997, p. 39). There are two main reasons that people may be in this stage. Individuals may lack information about the consequences of their behavior, or may have tried to change several times in the past and were unsuccessful. Regardless of their reason, people do not like to read about or discuss their negative behavior. They may be categorized as unmotivated or resistant, and few programs are available to help them (Prochaska & Velicer).

“Contemplation is the stage in which people are intending to change in the next 6 months. They are more aware of the pros of changing, but are also acutely aware of the cons” (Prochaska & Velicer, 1997, p. 39). The balance between these pros and cons can produce ambivalence, often lasting long periods of time. This is described by the authors as chronic contemplation, or behavioral procrastination. As with precontemplation, action-oriented programs for change do not provide any benefit for people in this stage (Prochaska & Velicer).

The third stage is preparation. “Preparation is the stage in which people are intending to take action in the immediate future, usually measured as the next month. They have typically taken some significant action in the past year” (Prochaska & Velicer, 1997, p. 39). A plan of action has been constructed, and people in this stage are prime candidates for action-oriented programs for change (Prochaska & Velicer).

In the fourth stage, behavior changes are made. “Action is the stage in which people have made specific overt modifications in their life styles within the past 6

months” (Prochaska & Velicer, 1997, p. 39). Not all changes, however, are considered action in this model. To be considered action, a behavior modification must be significant enough to reduce risk for disease, and this is defined by experts (Prochaska & Velicer).

“Maintenance is the stage in which people are working to prevent relapse but they do not apply change processes as frequently as do people in action” (Prochaska & Velicer, 1997, p. 39). Confidence increases and risk of relapse decreases. The authors estimate, based on temptation and self-efficacy data, that this stage lasts from about six months to five years (Prochaska & Velicer).

The final stage is termination. “Termination is the stage in which individuals have zero temptation and 100% self-efficacy” (Prochaska & Velicer, 1997, p. 39). No matter what the situation, individuals do not have any desire to return to their previous habits. It is as if they had never had the problem in the first place. This stage is an impractical goal for most people, and therefore has received the least amount of attention in research (Prochaska & Velicer).

In addition to the six stages of change, 10 processes of change are identified. “Processes of change are the covert and overt activities that people use to progress through the stages” (Prochaska & Velicer, 1997, p. 39). These processes provide a guide from which to create new programs and interventions that can help people modify their unhealthy behaviors. While many processes of change exist, 10 processes supported by the authors’ research have been identified and include consciousness raising, dramatic relief, self-reevaluation, environmental reevaluation, self-liberation, social liberation,

counter-conditioning, stimulus control, contingency management, and helping relationships (Prochaska & Velicer).

While the 10 processes of change do not align directly with the six stages of change, the processes are what guide the individual from one stage to the next. An important assumption of the transtheoretical model is “specific processes and principles of change need to be applied at specific stages if progress through the stages is to occur” (Prochaska & Velicer, 1997, p. 41). An empirical integration of the 10 processes of change with the six stages of change is presented in Figure 1. While the descriptions of the 10 processes and six stages are by Prochaska and Velicer, the arrows linking the stages to the processes represent the researcher’s interpretation only. “This integration suggests that in early stages, people apply cognitive, affective, and evaluative processes to progress through the stages. In later stages, people rely more on commitments, conditioning, contingencies, environmental controls, and social support for progressing toward termination” (Prochaska & Velicer, p. 43).

“The transtheoretical model construes change as a process involving progress through a series of six stages” (Prochaska & Velicer, 1997, p. 39). The following case study is an application of the transtheoretical model to an individual who progresses from stage one, the precontemplation stage, through stage two, the contemplation stage.

Case Study Application

The case study illustrates a young woman who transitions from the precontemplation stage, or stage one, to the contemplation stage, or stage two, of the Transtheoretical model. Additionally, a diagram has been created to illustrate how

individuals progress through the six stages of change and utilize the 10 processes of change while attempting to lose weight (Figure 2). Persons in stage one have no intention of making changes to their unhealthy behavior in the next 6 months. They avoid confronting the problem, and are sometimes classified as unmotivated or resistant. Persons in stage two begin to consider the benefits and drawbacks of making a change. While ambivalence often occurs, the person has the intention to change within the next 6 months (Prochaska & Velicer, 1997).

Jane is a 27-year-old female who has struggled with her weight most of her life. She has an overall unhealthy approach to eating, selecting the foods she eats based on convenience. She also likes to eat meals at restaurants with her friends, and chooses fattening, high-calorie foods from the menu because she simply prefers the taste compared to healthier items. She rarely gets the daily recommended amounts of fruits and vegetables, and consumes little water. Furthermore, Jane does not exercise. She knows her health habits are poor, but is just not concerned with her weight or her health. At this point in time, Jane intends to do nothing, which is reflective of the precontemplation stage.

Jane recently began a new job with rigorous requirements and long hours, and has since gained an additional 10 pounds. Jane knows that this weight gain is not good for her health or her appearance, but she is unsure if beginning a new diet amidst the stress she is already under is something she feels ready to do. Jane begins discussing her weight with her friends and family, and begins to pay attention when television programming focuses on diet and exercise. She begins to read more about the complications about obesity, and

learns that she is at increased risk of hypertension and diabetes. She tells herself that once she gets more settled into her new role, she will start making some lifestyle changes. This is reflective of the contemplation stage.

Although the Transtheoretical Model was first used as a model for smoking cessation, it quickly expanded to include behaviors such as alcohol abuse, anxiety, panic disorders, delinquency, eating disorders, AIDS prevention, and other behaviors including obesity and high-fat diets (Prochaska & Velicer, 1997). Therefore, the Transtheoretical model was appropriate for this study. The women who were interviewed for this study had already achieved a ten percent weight loss goal, and had already moved through the first four stages of change. This model helps place the experiences of the women into a framework.

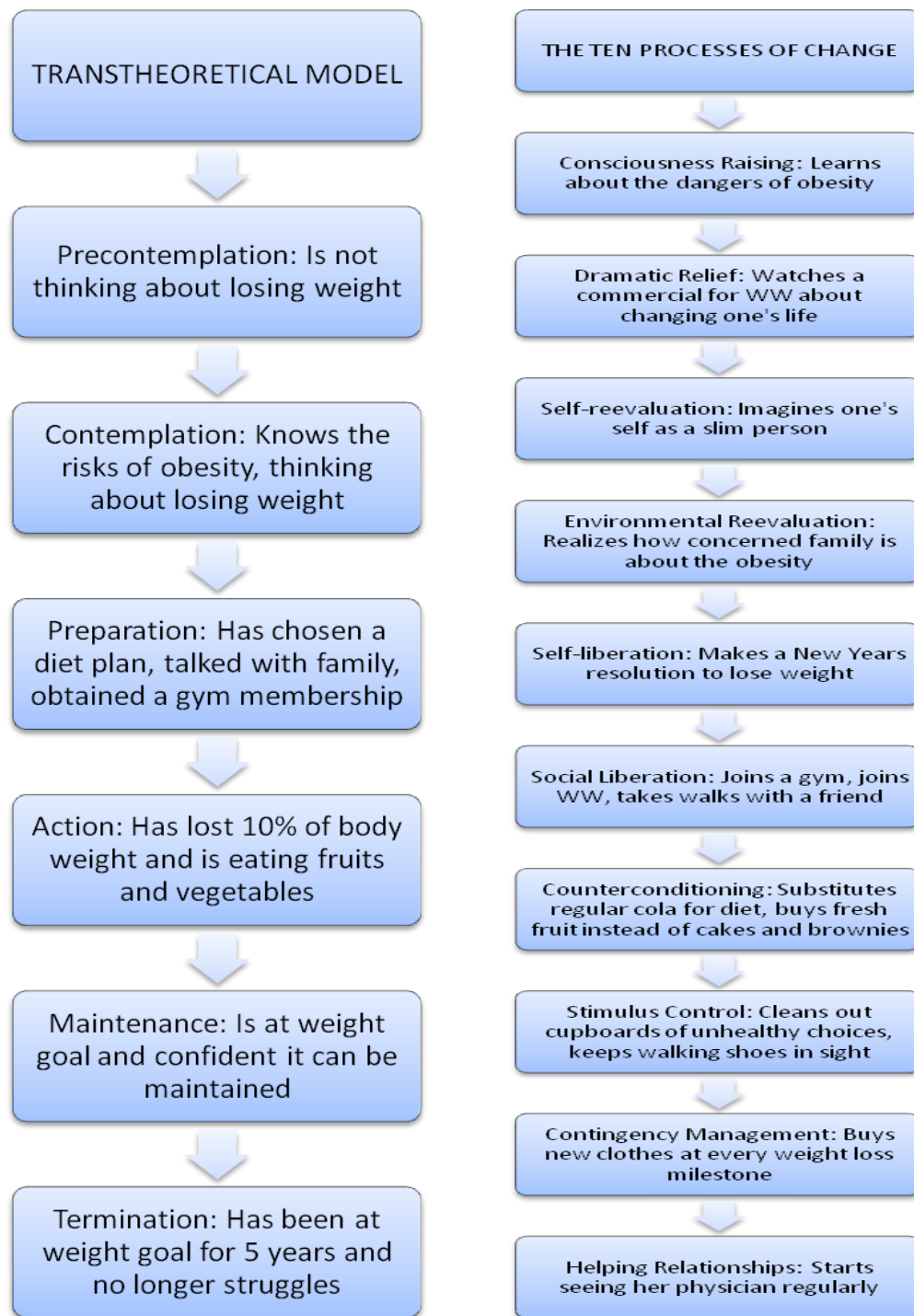


Figure 2. The Transtheoretical Model and the 10 processes of change: Weight loss application.

Literature Review

Deciding to lose weight is a difficult process. In fact, the overall process of decision making itself can be difficult for women. O'Connor et al. (2002) discusses decisional conflict in women who have to make a major decision about their health. O'Connor et al state "decisional conflict or uncertainty about what course of action to take is experienced frequently by women facing difficult health decisions" (p. 57). The following sections discuss different aspects of the overweight experience including overweight and obesity in young women, the relationship between depression and obesity, weight loss programs, obesity treatment in adults, and media and social influences leading to body dissatisfaction.

Overweight and Obesity in Young Women

A descriptive qualitative study by Daniels (2006) examined the weight loss journeys of ten middle aged women. The main research question was "Which factors influence adherence to a weight-loss plan?" (p. 68). The sample was obtained by the snowball method, and women of all ethnicities, ages, and socioeconomic backgrounds were invited to participate. The researcher's intention was to provide healthcare practitioners with insight into the weight loss process, and a better understanding of obese patient's relationship with food.

Results indicated that many methods of diet were employed including Weight Watchers, alternation between a low-carbohydrate diet and Weight Watchers, the South Beach Diet, and a self-designed low-calorie diet. Seven of the women also exercised. All participants had weights that had fluctuated, and nearly all had dieted in the past. Eight

women stated health as their main reason for wanting to lose weight. Two main themes emerged. The first theme was dieting is work, because the women stated dieting was difficult and listed the reasons why it was difficult. The second theme, dieting is a personal journey, emerged because women described weight loss as personal and enjoyed feeling in control of the journey. A model was developed based on data analysis entitled *The process of weight loss: A personal and social model of action and reaction*.

Implications of this study include the importance of nurse practitioners providing information on diet and weight loss, but without expectations and assumptions that patients who do not lose weight are noncompliant. Healthcare providers must be supportive and encouraging, and provide their patients with a sense of empowerment rather than a sense of failure (Daniels, 2006).

Chang et al. (2004) conducted a qualitative study on the experience of being overweight. In this pilot study, five young Taiwanese women were recruited through purposive sampling and were asked questions about their experience of being overweight, their personal standards for thinness, and the weight control methods they employed. Several themes emerged: how participants identified themselves as overweight, the meaning of body weight, body image and attractiveness, emotional reactions to being overweight, and the process of weight reduction. The author's conclusions were three-fold. First, they discovered that the media and surrounding environment helped to construct a woman's perception of her body. "The mass media, with its unreal collective consciousness of a slender body, has had lasting effects on what young females consider as ideal body images" (Chang et al., p. 158). Second, they concluded that overall a

woman's body image is evaluated on attractiveness, and the stigma of overweight leads to feelings of self-doubt and inferiority. The weight goal for most women was to be as slim as possible. Lastly, they concluded that "weight reduction needed to be approached whole-heartedly; it was a primary focus of daily life" (Chang et al., p. 158). Implications from this study include that healthcare providers need to take a more active role in their patient's weight. The authors suggested that further studies using larger samples be undertaken (Chang et al.).

Related to the experiences of young women is the notion that college age women gain weight when they go away to school. Racette, Deusinger, Strube, Highstein, & Deusinger, (2008) did a longitudinal study to explore whether the "freshman 15" was a myth or a sad fact of college life. The sample consisted of 204 college age students who were assessed during the first two weeks of their freshman year and again during the final two weeks of their senior year. Height and weight were used to determine BMI, and students were categorized as underweight, normal weight, or overweight/obese. They were also asked about their exercise and dietary habits to determine if they were meeting guidelines as established by the American College of Sports Medicine, and the 5 a Day Campaign.

Results indicated a statistically significant increase in weight and BMI during the four years of college experience. At the initial assessment, 15% of the participants were overweight or obese, and 23% were overweight or obese at the final assessment. Increases in BMI occurred equally in males and females, but varied significantly between individual students. Only small changes occurred in students' exercise regimens, with a

slight increase occurring in the frequency of stretching. The authors suggested that Universities must enhance health awareness by promoting healthy diets and increased exercise (Racette et al., 2008).

Using the transtheoretical model, Clement, Schmidt, Bernaix, Covington, and Carr (2004) investigated the relationship between a woman's current stage of change and her physical activity attitudes and behaviors. The sample comprised of 116 college women between 18-24 years of age. The instruments consisted of a self-administered questionnaire and the Health Behavior Survey. Physiological measurements were also obtained.

Results revealed a range of BMI from 17.8 to 39.3, with a mean of 23.8. Several nutrition behaviors were analyzed including beverage intake, vegetable intake, breakfast habits, and pizza, hamburger, hot dog, or sausage intake. Physical activity levels were reported as 46.6% engaging in regular strenuous exercise, and 72.4% engaging in some type of exercise three or more times per week. Average hours spent watching television was 3.18 hours per day, and average time spent in front of a computer was 3.22 hours per day. Four questions were asked to place participants in the correct stage of change in relation to exercise behaviors. Only one participant represented the precontemplation stage, while 17.2% of the participants were in the contemplation stage, and 23.3% were in the preparation stage. The action stage was represented by 38% of participants, and 20.7% of participants represented the maintenance stage (Clement et al., 2004).

Women were also asked to rate their overall health on a scale from 1 (unhealthy) to 10 (healthy). Approximately 58.7% reported their health as seven to eight, and 35.8%

reported levels from three to six. It was found that the women who reported themselves at a high level of overall health had lower BMIs, exercised regularly, and consumed limited amounts of high-fat or high-calorie foods. In contrast, the women who reported themselves at a low level of overall health had higher BMIs, did not exercise regularly, and regularly consumed high-fat and high-calorie foods. The authors concluded that “women in this study appraised their overall health status with the typical implied definition of healthy living” (Clement et al., 2004, p. 297). The authors also cautioned that while some women may be physically active, they may have adopted poor dietary habits, or women with good dietary habits may not be physically active. The authors stressed the importance of both activities to reduce risk of the negative health effects of a sedentary lifestyle (Clement et al.).

The main implication of the Clement et al. (2004) study is that the Transtheoretical Model can be used to direct appropriate interventions in women in various stages of change. Several other implications include the use of technology by the NP to reach patients, use of primary care visits to educate patients on health promotion and maintenance, and initiation of community-based health education programs to assess and educate young women who are at risk of adoption of unhealthy lifestyles (Clement et al.).

While not focused solely on young women, a study by Brink and Ferguson (1998) explored the reasons people decide to lose weight. Using an exploratory/descriptive design, the authors sought to uncover why some individuals are successful at weight loss while others are not. The sample included 100 successful dieters and 40 unsuccessful

dieters with an equal distribution of males and females. Participants were asked sixty-two open-ended questions in a single interview. Data were analyzed using a general content analysis.

Results indicated that participants cited many reasons for deciding to lose weight, including feeling depressed and hoping that weight loss would improve their feelings; major life changes such as a new job, divorce, or wedding; a trigger such as a photo of oneself or a comment made by another person. “The sense is that with the trigger there is a jolt to the consciousness as opposed to a dawning realization” (Brink & Ferguson, 1998, p. 91).

Many participants also mentioned health as having a part in their decision to lose weight. Some stated their physician had recommended weight loss while others mentioned specific health problems such as diabetes, hypertension, hyperlipidemia, sleep apnea, back pain, and glaucoma. Of equal importance, participants cited appearance as being a major influence in their decision (Brink & Ferguson, 1998).

Conclusions of the study suggested that physicians can be a source of motivation for individuals who need to lose weight, and the advice of a trusted physician really can impact a patient’s life. Also suggested is that obesity is viewed as a sign of ill-health and as unattractive. A major implication of this study was that the reasons cited for deciding to lose weight did not necessarily differentiate the successful from the unsuccessful dieters (Brink & Ferguson, 1998).

The Relationship between Depression and Obesity

There is evidence to suggest that obese people are more likely to become depressed. Ball et al. (2009) conducted a longitudinal study on 6,677 young women in Australia to discover the associations between BMI and physical activity on depressive symptoms. The authors used a women's health survey to answer the research question. Questions included height and weight, from which BMI was calculated. Participants were then placed into one of four categories from underweight to obese. They were also classified as BMI maintainers, BMI decreases, or BMI increasers. Physical activity items determined the frequency and duration of walking, and the amount of moderate to vigorous activity in the last week. Participants also responded to the Center for Epidemiologic Studies Depression Scale (CESD-10) to indicate depressive symptoms (Ball et al.).

Results indicated that in general, CESD-10 scores decreased as physical activity scores increased in the overweight and healthy weight categories. In the obese and underweight categories, no downward trend was noted. After covariates were adjusted- however, the odds of depressive symptoms were higher in women who were overweight or obese. A summary of analyses of all factors, including increases in BMI over a three year period, indicated that both BMI and physical activity and any changes in these variables, are associated with depressive symptoms over a 3-year period. The authors recommend that if inactive women would increase their activity level, they would reduce their risk of depressive symptoms (Ball et al., 2009).

Weight-loss Programs

Tsai and Wadden (2005) conducted a systematic review on the efficacy of commercial weight loss programs in the United States. The purpose of the review was to describe the components of the programs, as well as their costs and efficacy. The largest commercial and organized self-help weight loss programs were evaluated using criteria proposed by the Federal Trade Commission which recommends that programs disclose four important aspects [of their program] to avoid accusations of false and misleading claims. The four aspects are: key components of the program, qualifications of the staff, costs, and risks of treatments. This information was used for study analysis, and was obtained by program websites, direct calls to program representatives, medline searches, and industry data. Strict inclusion criteria were developed to decide which programs to include in the study (Tsai & Wadden).

Results of the study revealed that the three largest nonmedical commercial weight loss programs in the United States were Weight Watchers, Jenny Craig, and LA Weight Loss. While all three programs differ significantly in their delivery, all three provide calorie restricted diets, behavioral counseling, and exercise recommendations. Of the three, Weight Watchers was the only program to offer three randomized controlled trials of its program. Results of the first Weight Watcher's study of 423 participants revealed an overall attrition rate of 27% at 2 years, and an average weight loss of 5.3% of body weight at 1 year, which was significantly better than a weight loss of 1.5% of body weight in the self-help group that was used for comparison. In the second Weight Watchers study, 48 women with a history of breast cancer were assigned to receive usual

care, attend weekly WW meetings, undergo dietary counseling, or attend both WW meetings and counseling. Results revealed that the WW program provided no benefit over individual counseling for weight loss, with the usual care group gaining 0.9 kg, the WW group losing 2.6 kg, and those in individual counseling losing 8.0 kg, while the WW plus individual counseling group lost 9.4 kilograms. The results of the third study, with a sample of 80 women, showed an average weight loss in the Weight Watchers group of 7.5% of body weight compared to the control group that received usual care and lost 1.6% of body weight. Medically supervised programs have also been evaluated. Due to the conflicting results of the different weight loss programs, it might be difficult for healthcare professionals to determine which weight loss programs they can recommend to their patients. However, healthcare professionals can support and encourage those patients who wish to participate in a weight loss program at a commercial center.

Obesity Treatment in Adults

After a person decides to lose weight, many different treatments are available. Eckel (2008) completed a comprehensive review of formal guidelines for the nonsurgical approaches to the treatment of obesity, including lifestyle approaches such as diet, physical activity, behavior modification, and other techniques such as pharmacologic therapy.

As cited in Eckel, a clinical diagnosis of obesity is a Body Mass Index (BMI) greater than 30, and a diagnosis of overweight is a BMI greater than 25 (Ogden et al., 2006). One of the first and perhaps most obvious treatments for weight loss is lifestyle modification. Of most importance is a diet, which is said to occur when energy intake is

less than energy expenditure. Eckel reviews the effectiveness of several approaches to dietary restriction including low-fat diets, low-carbohydrate diets, low-glycemic-index diets, high-protein diets, and specific commercial diets. Nonspecific dietary suggestions such as eating breakfast, eating more fiber, and using meal replacements are made to further enhance weight loss. Physical activity also contributes to caloric expenditure thus enhancing diet. Activity also improves insulin resistance, promotes favorable changes in body composition, increases HDL cholesterol, and decreases triglyceride levels. Eckel also discusses behavior modification techniques such as goal setting, self-monitoring, stimulus control, cognitive restructuring, and prevention of relapse. While these techniques have resulted in a loss of 8-10% of body weight in a period of 6 months, weight loss occurred in academic medical centers. Therefore, its benefit remains less clear in other treatment centers (Eckel, 2008).

Pharmacologic therapies are also available to assist patients with weight loss. Four medications were approved by the Food and Drug Administration (FDA) for weight reduction and include phentermine, diethylpropion, sibutramine, and orlistat. These therapies, however, are only appropriate when paired with lifestyle modification (Eckel, 2008).

Media and Social Influences Leading to Body Dissatisfaction

From the 1980's through the 1990's, the media's portrayal of women who are underweight has increased and is portrayed on centerfolds, cover models, and pageant winners. This trend has led to the suggestion that certain individuals idealize this level of thinness, and that this idealization varies between individuals (Ahern, Bennett, &

Hetherington, 2008). The authors conducted a study on 105 female students, ages 16-24 years, who were recruited via posters placed around their campus. The authors examined three hypotheses: “a) that participants would demonstrate a negative implicit attitude towards underweight models; b) that those who indicated a preference for ultra thinness would demonstrate higher levels of thin-ideal internalization, body dissatisfaction, drive for thinness and restraint, and c) that this relationship would be moderated by attitude importance” (p. 297). Knowing that implicit and explicit attitudes can differ within an individual, the authors utilized the Implicit Association Test (IAT) to assess the attitudes of participants which were not necessarily under their cognitive control. Implicit attitudes have been shown to predict behavior, both independently and synergistically, with a person’s explicit attitude (Ahern et al.).

Study participants were administered the IAT and were asked to categorize items viewed on a computer screen as underweight or normal weight and associate these as images as positive or negative. A pilot study utilizing the IAT was administered to 20 women from the sample and included pictures of 11 underweight models and 11 normal weight models. Participants were first asked to label the images as underweight, normal weight, overweight, or ambiguous, and then group the underweight and normal weight images together and provide three words to describe each group. Words such as “gaunt” and “skeletal” were used to describe the underweight models, and words such as “healthy” and “curvy” were used to describe the normal weight models. The results of the pilot study confirmed the author’s hypothesis that “participants would show a negative implicit attitude to underweight images” (Ahern et al., 2008, p. 298).

Additionally, participants were administered several other tests. The Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ-3), a 30-item tool that assesses attitudes towards societal ideals; the Eating Disorders Inventory-2 with two subscales: The Body Dissatisfaction subscale, measuring satisfaction with various weight-related body parts, and the Drive For Thinness subscale, which examines investment in thinness and concerns with dieting; the Dutch Eating Behavior Questionnaire Restraint Scale, a 10-item test assessing deliberate and planned weight control; and finally, the Contour Drawing Rating Scale asking participants to choose schematic figures that represent what they think they look like, how they felt, their ideal figure, another woman's ideal, and what a man would consider ideal. Data were analyzed from 99 participants who ultimately comprised the sample (Ahern et al., 2008).

Results of the study indicated that “participants who made relatively more positive associations with underweight models had higher drive for thinness scores” (Ahern et al., 2008, p. 301). IAT scores were not related to body dissatisfaction or thin-ideal internalization, but SATAQ-3 scores correlated with drive for thinness, body dissatisfaction, and dietary restraint. Participants who labeled underweight as positive held a lower ideal body size than those who did not, but actual BMI of the participants did not differ. The authors concluded that “making positive associations with underweight models is associated with elevated drive for thinness, a cardinal symptom in eating disorders” (p. 305). The results suggested the need for further examination of attitude importance within the idealization of thinness (Ahern et al.).

Stice, Maxfield, and Wells (2003) investigated the effects of social pressure on thinness on a sample of 120 female undergraduate students, ages 17-30, from a large university. The authors hypothesized that “exposure to peer pressure to be thin, relative to the control condition, would result in increased body dissatisfaction and negative affect” (p. 110). All students participated in the study as a course requirement. At pretest, no significant differences in participant’s height, weight, age, ethnicity, parental education, body dissatisfaction, or negative affect were present.

The design was a single blind, quantitative study. The authors manipulated the indirect pressure to be thin by having a slender and attractive undergraduate confederate “either (1) complain about how fat she feels and enumerate the extensive steps she is taking to lose weight or (2) talk about a neutral topic” (Stice et al., 2003, p. 110). Two different confederates were used, but were dressed in the same form-fitting attire in all conditions. In the experimental condition, the confederate discussed her dissatisfaction with her weight, and the extreme measures she used to control it. In the control condition, the confederate discussed topics such as the classes she was taking and upcoming plans she had. Participants were initially told a cover story to protect the integrity of the true investigation, but the true nature of the study was revealed upon completion of the posttest. Testing measures included four tests. An adapted form of the Satisfaction and Dissatisfaction with Body Parts Scale was used to assess the participant’s current level of satisfaction of nine body parts. Negative affect was assessed using the sadness, guilt, hostility, and fear/anxiety subscales of the Positive and Negative Affect Schedule - Expanded Form (PANAS-X). The Ideal-Body Stereotype Scale-Revised was used to

assess internalization of the thin ideal. Finally, items from the Network of Relationships Inventory assessed participant's perceived social support (Stice et al.).

The authors hypothesized that social pressure to be thin would lead to an increase in body dissatisfaction was supported. Follow-up paired *t* tests showed that there was a statistically significant increase in body dissatisfaction for the experimental group, but no significant change in body dissatisfaction in the control group (Stice et al., 2003). On the contrary, the authors' hypothesis that social pressure to be thin would lead to an increased negative affect was not supported. "Paired *t* tests indicated that there were no statistically significant changes in negative affect from the pretest to the posttest for either the experimental or control conditions" (Stice et al., p. 112).

Results of this study add to the growing body of evidence that the thin ideal is reinforced by a social pressure to be thin, leading to an increase in body dissatisfaction, a risk factor for the onset of eating disorders. Implications of this study include the need for further research into the topic of social pressure to be thin. Based on their results, the authors also supported the continued development of programs aimed at adolescent resiliency to the effects of media and peer pressure (Stice et al., 2003).

The results of the aforementioned studies indicate that women gain weight at different points in their lives, and report unique experiences of living in an overweight body. Many young women become depressed due to their lack of healthy diets, inactivity, and resultant obesity. Some turn to commercial weight loss programs, and some seek more individualized care from a healthcare professional. It is clear from the literature that healthcare providers play an important role in a woman's decision to lose weight.

Providers must be a source of support and encouragement for their patients, and assist them with developing individualized plans for weight loss.

Chapter Summary

The Transtheoretical Model by Prochaska and Velicer (1997), the theoretical framework for this study, and the literature review were presented in this chapter. The six stages of change, the ten processes of change, and a case study demonstrating the model were presented. In the literature review, previous studies about overweight and obesity in young women were summarized. Overweight and obesity in young women, the relationship between depression and obesity, weight loss programs, obesity treatment in adults, and media and social influences leading to body dissatisfaction were discussed. In the next chapter, the study methodology will be discussed.

CHAPTER III

METHODOLOGY

The purpose of this study was to explore how young women decide to lose weight. In this chapter, the study design, the population of interest, and the sampling criteria are presented. Instruments, data collection procedures, data analysis, and study limitations will also be described.

Study Design

A naturalistic method of inquiry was used as the study design. Naturalistic inquiry is defined as “a research methodology based on a belief in investigating phenomena in their natural setting free of manipulation” (Speziale & Carpenter, 2007, p. 459). A qualitative approach is hence appropriate for exploration into the participant’s experiences of deciding to lose weight. “The idea that multiple realities exist and create meaning for the individuals studied is a fundamental belief of qualitative researchers” (Speziale & Carpenter, p. 21). Therefore, uncovering and understanding each individual’s unique perspective on their decision to lose weight is a vital element of this study.

Population, Sample, and Setting

The target population for this study was young women in the Weight Watchers (WW) program in the Midwest. The accessible population was ten women from Northeast Wisconsin who met the study criteria. A convenience sample of five women

participated in this study. Inclusion criteria were (a) young women between ages 18-32; (b) current active membership in the Weight Watchers program; (c) had lost at least ten percent of their starting body weight, a major recognition at Weight Watchers support groups; (d) English speaking; and (e) were willing to discuss their experiences openly. Participants were recruited through flyers, postings on a social networking website, and snowball sampling.

Data Collection Instruments

Data were collected using two questionnaires: a demographic questionnaire (Appendix B), and a single open-ended question “Tell me how you decided to lose weight.” The researcher was the instrument in asking the open ended question. Speziale and Carpenter (2007) stated “that researcher participation in the inquiry has the potential to add to the richness of data collection and analysis” (p. 23).

Bias

Bias can influence a qualitative study. “Before starting a qualitative study, it is in the researcher’s best interest to make clear his or her thoughts, ideas, suppositions, or presuppositions about the topic, as well as personal biases” (Speziale & Carpenter, 2007, p. 26-27). This allows the researcher to approach the inquiry openly and honestly, and avoid judgments that may occur during analysis that are based on personal opinion rather than on the actual data collected. The researcher brackets his or her “own beliefs, not making judgments about what one has observed or heard, and remaining open to data as

they are revealed” (Speziale & Carpenter, p. 27). To avoid presuppositions and beliefs about overweight young women, this researcher bracketed her own feelings and judgments.

Trustworthiness

“The goal of rigor in qualitative research is to accurately represent study participants’ experiences” (Speziale & Carpenter, 2007, p. 49). Four criteria are used to define and support rigor, or trustworthiness, in qualitative studies: credibility, dependability, confirmability, and transferability.

Credibility is the likelihood that the production of credible findings will occur. In order to achieve credibility, the researcher must spend a large amount of time with both the subject matter and the participants. After data are collected, member checking should occur. Member checking is when the study participants review the data for accuracy and make sure derived themes are accurate (Speziale & Carpenter). In this study, the researcher spent approximately 15-30 minutes interviewing each participant followed by self-transcription of all interviews. After themes were developed, the researcher returned to participants for confirmation of findings.

Dependability is met only after credibility is met and asks the question “How dependable are these results?” (Speziale & Carpenter, 2007, p. 49). “Dependability refers to evidence that is consistent and stable” (Polit & Beck, 2008, p. 196). Dependability in this study was also confirmed by member checking with participants.

Confirmability is the process by which another researcher may follow the thoughts and activities of the initial researcher. This is achieved by the production of an audit trail which is a recording of the steps taken by the initial researcher (see Appendix G). With any study, confirmability can be a challenge since different researchers will ultimately come to different conclusions (Speziale & Carpenter). In this study, the researcher recorded her steps as she conducted interviews, analyzed the transcripts, and developed themes so that the process could be understood by another researcher.

Lastly, transferability is the ability of study findings to have meaning to other people in a similar situation. This criterion can only be demonstrated by the people interested in using the research, and not the researcher herself (Speziale & Carpenter, 2007).

Data Collection Procedures

This researcher obtained permission to conduct the study from the University of Wisconsin- Oshkosh (UWO) Institutional Review Board (IRB) prior to collecting data. After obtaining IRB approval, the researcher contacted WW's main headquarters of Wisconsin to discuss participant recruitment via fliers placed at meeting locations. This request was ultimately denied, citing WW's no solicitation policy. Therefore, participants were recruited by placing fliers on various community billboards in the researcher's community (Appendix C), postings on a social networking website, and snowball sampling. Volunteer participants were then screened for inclusion criteria.

After participants met the inclusion criteria, each participant signed a written informed consent (Appendix D). All interviews were conducted by this researcher to maintain consistency in data collection. Interviews were held at locations requested by the participant and included the home of the participant, restaurants, or coffee shops. Prior to the interview, participants granted permission to tape-record the interviews for later transcription. Confidentiality was maintained by assigning numbers to participants, and only one master list was kept by the researcher in a locked safe. Upon completion of the study, all tape-recordings and the master list were destroyed.

Pilot Study

A pilot study consisting of one participant was used to ensure that the open ended question, “Tell me how you decided to lose weight.” was appropriate for this study. The pilot study was conducted for three reasons: to be assured that the question was clear and captured the participant’s experience accurately; to make sure tape recording equipment was functioning properly, and to estimate length of time for the interviews. After completion of the pilot study, the researcher determined that the question would remain as written. Due to the difficulty in obtaining participants, a narrative analysis was conducted on the pilot interview, and results were included in the final study.

Data Analysis

Data were analyzed using the procedural steps as outlined by Colaizzi (1978). The steps are:

1. Read all of the subject's descriptions, conventionally termed protocols, in order to acquire a feeling for them, a making sense out of them...
2. Return to each protocol and extract from them phrases or sentences that directly pertain to the investigated phenomenon; this is known as extracting significant statements...
3. Try to spell out the meaning of each significant statement, known as formulating meanings. Particularly in this step is the phenomenological researcher engaged in something which cannot be precisely delineated, for here he is involved in that ineffable thing known as creative insight; he must leap from what his subjects say to what they mean...
4. Repeat the above for each protocol, and organize the aggregate formulated meanings in to clusters of themes... (a) Refer these clusters of themes back to the original protocols in order to validate them. This can be achieved by asking whether there is anything contained in the original protocols that isn't accounted for in the clusters of themes, and whether the clusters of themes propose anything which isn't implied in the original protocols... (b) At this point discrepancies may be noted among and/or between the various clusters; some themes may flatly contradict other ones, or may appear to be totally unrelated to other ones...

5. The results of everything so far are integrated into an exhaustive description of the investigated topic...
6. An effort is made to formulate the exhaustive description of the investigated phenomenon in as unequivocal a statement of identification of its fundamental structure as possible...
7. A final validating step can be achieved by returning to each subject, and, in a single interview session or a series of interviews, asking the subject about the findings thus far. We can ask him, for example, "how do my descriptive results compare with your experiences? What aspects of your experience or of your existence have I omitted?" Any relevant new data that emerges from these interviews must be worked into the final product of the research...(Colaizzi, 1978, p. 59-62).

Methodologic Limitations

1. Due to convenience sampling of Weight Watchers' members only, the transferability of the results beyond Weight Watchers members cannot be anticipated.
2. Participants may have answered the interview questions in a manner they expected would please the researcher, a form of response set bias.
3. Despite bracketing, it could be anticipated that the researcher's presuppositions and beliefs regarding the topic may have biased the results of the study.

Chapter Summary

This qualitative study used a naturalistic design. The population of interest was young women who were members of Weight Watchers in Northeast Wisconsin. A convenience sample was used to collect data and answer the research question. Interviews were conducted and transcribed verbatim for analysis. Colaizzi's method was used to analyze data. Limitations to the study as well as bias were presented.

CHAPTER IV

RESULTS AND DISCUSSION

The purpose of this study was to explore how young women decide to lose weight. In this chapter, the results and discussion, along with the analysis, are presented. Data were analyzed using Colaizzi's (1978) method, which led to the emergence of themes. All interviews began with the single open-ended question "Tell me how you decided to lose weight."

Sample Description

The intended sample size was 10 participants for the study. However, due to difficulties with Weight Watcher's no solicitation policy, only five participants could be recruited for this study. Participants one and three were recruited through a social networking website by responding to a post that listed study criteria and requested interview. Participants two and five contacted the researcher herself after hearing about the study from participants one and three. Participant number four was contacted by the researcher on a recommendation by a friend of the participant.

Each participant was asked to complete a demographic questionnaire (see Appendix B) prior to the interview. All five participants were white females between the ages of 24-29, and active WW members who had lost 10% of their initial body weight or greater as evidenced by their WW membership card. Three were married, two were single. Three had no children, and two had two children. Three had graduated from

college, and two had completed some college. All five had different self-reported occupations which included a bilingual sales-representative, sales, registered nurse, custom decorator at a retail store, and a receptionist (Table 1).

Table 1

Participant Demographics: General Information

<i>Participant</i>	<i>Age</i>	<i>Marital</i>	<i>Children</i>	<i>Self-Reported</i>	<i>Education</i>
		<i>Status</i>		<i>Occupation</i>	
1	25	Single	0	Bilingual Sales Representative	Graduated College
2	29	Married	2	Sales	Some College
3	28	Married	0	Registered Nurse	Graduated College
4	24	Single	0	Custom Decorator	Graduated College
5	29	Married	2	Receptionist	Some College

Each participant was asked to reveal her height, current weight, highest weight, and goal weight. Participants ranged from 5 feet, 2 inches tall, to 5 feet, 6 inches tall. Current weights ranged from 137.0 pounds to 198.7 pounds. Highest weights ranged from 173.0 pounds to 324.0 pounds. Goal weights ranged from 135 pounds to 165 pounds (Table 2).

Table 2

Participant Demographics: Height and Weight

Participant	Height	Highest Weight	Current Weight	Goal Weight
1	5 feet, 2 inches	173.0	137.0	135.0
2	5 feet, 5 inches	251.0	179.6	160.0
3	5 feet, 3 inches	222.0	195.0	140.0
4	5 feet, 4 inches	194.4	170.8	145.0
5	5 feet, 6 inches	324.0	198.7	165.0

Participants were also asked whether their healthcare provider (HCP) recommended they lose weight, and whether their HCP was a Medical Doctor (MD) or a Nurse Practitioner (NP). Four participants reported their HCP was a MD, and only one participant stated the MD recommended weight loss. One participant reported their HCP was a NP who did indeed recommend weight loss.

Participants were asked to list the types of health promoting behaviors in which they engaged to assist in their weight loss. Reported behaviors included: exercising-running (three 5K's, one 10K, three half-marathons, and one full marathon), cooking at home more than going out to eat, WW website daily to talk to other 20 year olds about weight loss, eating at home, and support from husband. Other behaviors were: following WW points, increasing activity, treadmill, planning meals, limiting eating out, choosing healthier options for food/fluid intake, exercise including 'Walk Away The Pounds' video and go to the gym, cooking at home using WW videos, avoiding fast food, and

avoiding frequent dining out with family; when staying in, eating salad or chicken instead. These health promoting behaviors were mentioned by the participants throughout their interviews as well.

The Interview Process

Each interview was conducted face-to-face at a location chosen by the participant. Participants one and four chose to conduct the interview at their home while seated at the kitchen table. Although there were minimal interruptions, a few however, included participant's parents returning home, and a telephone ringing. Participants two and five chose familiar coffee shops. The researcher arrived before the participant in both instances and chose a table located in a corner to promote as much privacy as possible. In both locations, background sound included the conversations of other customers and music. Prior to starting the interviews, the researcher tested the voice recorder to ensure adequate voice quality for transcription purposes. Despite other individuals being present at the interview site, there were minimal distractions. Participant three chose a restaurant herself, and was seated in a booth when the researcher arrived. The interview was conducted during non-peak hours. There was only one interruption when the waitress brought the bill.

Each interview began with a cordial greeting and brief conversation. The researcher explained the purpose of the study, provided an abstract to each participant, and answered questions about the study. The researcher obtained written informed consent, and received permission to voice record the interview. Recording of the

interview began with the question “Tell me how you decided to lose weight.” Participants were allowed to talk as long as they wanted without interruption. The researcher did, however, ask several follow-up questions for clarification, or to elicit further information. Recorded interviews varied in time from approximately 13 minutes to 35 minutes. All participants appeared comfortable in their selected environment, and body language suggested honest communication with the researcher.

Results and Discussion

Data were analyzed using Colaizzi’s (1978) method of analysis. Interviews were voice recorded, and transcribed verbatim by the researcher. The researcher read the transcribed interviews and extracted significant statements.

Although each participant decided to lose weight for individual reasons, there were common themes. Three main categories emerged from the analysis. The overall decision to lose weight reflected the concept of a sailboat, with its parts representing the three main categories: (a) The Hull, (b) The Sail, and (c) The Anchor (See Appendix E). The researcher decided to use the metaphor of a sailboat as this was the predominant image throughout data analysis.

The first category, The Hull, had no subcategories because of its significance. Within categories two and three, multiple subcategories emerged. In the category of The Sail, subcategories included (a) Creating a force: They did it before; (b) Pushing the boat: In it for the long haul; and (c) Moving Forward: It’s different this time. Subcategories for The Anchor included (a) Other boats: Their families; (b) Consistent depth: Their physical

and mental health; and (c) Line resistance: The scale and more. Categories and subcategories were supported by direct quotes from the participants, incorporating related literature where appropriate. Many subcategories overlapped, which is the interrelated nature of the personal experience of deciding to lose weight.

The Hull

The body of a sailboat is known as the hull. This is the main structure of the boat, and without its centerboard, the boat would capsize (eHow, n.d.). All five participants identified one main element that both initiated their decision to lose weight, and provided a source of motivation to continue with the process of losing weight. Two participants identified a ‘feeling’ or ‘state of being’ as the critical element. Two other participants identified a significant relationship in their life as their hull. One participant’s desire to heal herself from a health condition was her critical element. While in all five cases there were many reasons cited for deciding to lose weight, their hull served as the foundation of their weight loss journey, and was later reported to define their success.

Participant one reported her desire to be happy in her own skin throughout her interview. She identified a need to be comfortable and in control of her body as pivotal to her desire to lose weight. Having lost weight before, she recalled the feelings she experienced in the past, and compared them to how she felt now, only a few pounds shy of her goal weight.

Before I lost the weight I was a lot more self conscious. I was scared. I didn’t go up to people as much as I would have like at a bar or anywhere where you would meet somebody. And just losing the weight not only, I

didn't, I've had more confidence to just go up to people and start talking to 'em and, um, I felt better in my own skin, and so I think that, you, when, I think that shows, that radiates from you when you, when you're uncomfortable with how you feel you can show it on your outside. Where when you're comfortable in you own skin and you're happy, like it radiates.

When specifically asked to define her priority motivation for deciding to lose weight, she replied "I don't know, um, to look healthy, like, look better." This related closely with her desire to be comfortable in her body, and she continued to emphasize the importance of feeling happy in her own skin.

Um, being shorter you know just having a few extra pounds than other people you can definitely see it. And I just wanted to be able to finally, not necessarily be skinny or be too cute, but just to be a little bit lighter than I was, and I don't know I was single, well I was probably, I think I was dating somebody but that's besides the point, like I just wanted to be young and have fun and not be self conscious and I think when I would go out I would wear baggier clothes and I wouldn't feel as confident as I was and I think it showed and so it helped me gain the confidence and, just, I don't know being happy in my own skin probably.

Since she identified health as a major motivating factor in her weight loss, she was later asked to describe what health means to her.

...The first thing that comes to my mind is like blood pressure and diabetes and things like that, and I have a pretty low blood pressure compared to my mom and my siblings because my dad does, but like...when I think of healthy, I think of like a healthy weight range and not being obese or overweight. And I knew where I was going; it wasn't that I needed to lose the weight, more or less stop it, too.

Participant two recalled the full length mirror that she passed daily while walking from the bathroom to the bedroom. The mirror became her hull when she realized that she was considering taking it down and thought "Hey, this is not ok!"

I remember looking in the mirror a lot and just not- cuz in order to get to my bedroom, you have to walk by a full length mirror...and I would just avoid it. I just wouldn't look at it cuz I just didn't want- it got to the point where I was ready to take it down. And that was my like OK you can't just remove all the mirrors in the world and not look at yourself. You have to face what you've become.

When asked about her determination to maintain her weight loss today, she replied "I look in the mirror...I like who I am now. Like, just walking down the stairs and, um, coming out the door there's a big window, I see my reflection and I'm like "That's me!"

Participant three reported being very close to her mother, and this relationship served as her hull. To fully understand the dynamic of their relationship, the participant described her 60-year-old mother who was morbidly obese for many years. She stated

that in the 70s, her mother had her stomach stapled, but sustained no long term weight loss. She now suffers from multiple joint problems, and is unable to do much physical activity.

She has, um, high cholesterol, high blood pressure, and just the hard time on her joints getting around. She can't- she can't move the way she wants to. She can't, you know, it may seem something as simple as I needed to get a seat belt extension for my car so that she could ride safely with me, you know, you go on the airplane and you- you have to take that into consideration that, you know, I need an extension, you know.

The participant reported being stressed for multiple reasons, one of which was recognizing her own problem with her weight, and coming face to face with the potential complications that could also happen to her. She recalled an event she experienced with her mother that held great significance to her.

When I had to actually shop in the plus size department at Shopko one day with my mother. I could not fit into anything in the normal misses department. That was- that was the kicker- that was it. I did not want to go back there. You know, I knew I had to do something.

When asked to discuss her major motivation for deciding to lose weight, she again referred to her mother. "I think probably what motivates me the most is when I look at my mom because I see that I wasn't that many clothes sizes smaller than my mom, and I didn't want to get there."

Participant four attributed her decision to lose weight based on the advice of her Nurse Practitioner. She had been suffering from migraine headaches, and wanted reprieve from the pain.

Um, my first decision was that I started having migraines. My migraines increased a lot, I was stressed, so I went to my nurse practitioner and I talked to her about it and she was the one that suggested that I find a way to lose some weight. She said that the loss of some weight would help to reduce the stress on me which would help reduce my migraines. And it did! So... that was the main decision.

She also thought back to a time when she had lost weight before, and again emphasized the importance of relieving her headaches by stating “and, but, you know, this time it’s kinda like I need to do this for myself. I need to, you know, help my headaches. I need to make myself feel better.”

Participant five recalled her major motivation for losing weight quickly, and without reservation replied “My son.”

My number one reason is my son because I want to have a longer life to enjoy, to share with him. Yeah, I feel good and I look good, but I want to be there when he gets married and he has kids. I don’t want to have to be pushed in a wheelchair. I don’t.

Throughout the interview, she shared some details regarding the difficulties she encountered during her pregnancy. “I was- when I was pregnant, I was borderline pre-eclamptic and I was bed-ridden for the last month of my pregnancy so to speak, because

of the issues.” She explained that her pregnancy had begun as twins, but around 36 weeks she experienced the unexpected intrauterine demise of one of the babies.

...I already buried one son, and I didn’t want to have to have him do that. So, it’s just I don’t, my mom buried a son. I was only 11, and a parent should not have to bury a son, you know, how that’s supposed to be, but I don’t want him to ever have to bury me either. I know that’s selfish, but I want to be there when he walks down the aisle and has his own kids. I don’t want to be fat- I don’t want to be overweight.

Over and over, she explained the importance of losing weight so she could be a better mother to her son. She recalled how prior to her weight loss, she was not able to enjoy the time she spent with her son as she was unable to play with him like he wanted her to.

It- crawling on the floor, I was winded, I was overweight, I just, just walking up the stairs was winded. I couldn’t even walk up the stairs. I was miserable. I couldn’t play with him. Going for walks, I was just exhausted. I couldn’t even do it. And then he’s like “Mamma let’s go outside and play, mamma let’s do this, mom...” I- I’d rather sit on the couch and watch TV. And then I realized I should get my rear off the couch and be more active in his life and do more with him otherwise he’s going to turn into what I don’t want him to be which is me sitting on the couch. So, it’s the drive of not being able to play with him.

All five participants identified one element in their life that was important to their decision to lose weight, consistent with Brink and Ferguson's (1998) study that discusses the importance of triggers in the decision to lose weight. Participants in the Brink and Ferguson study indicated that they realized they needed to lose weight when "something just clicked in their minds" (p. 95). For some, it was used in conjunction with a story about having a picture taken and seeing how fat they had become. For others, it was used to describe their reaction to a comment by a spouse or a child. Still, others found graduating from college and having to find a job, changing jobs, or getting a divorce triggered a determination to lose weight (p. 95).

Daniels (2006) found results similar to the identification of a unique element, The Hull. Daniels identified two overlapping themes: dieting is work, and dieting is a personal journey. A model depicting the personal journey of weight loss was developed, where five phases were identified: Phase 1: Preparing for weight loss; Phase 2: Acting; Phase 3: Achieving a milestone; Phase 4: Consolidating to goal; and Phase 5: Transitioning to a more healthful lifestyle.

Phase 1: Preparing for weight loss included two aspects: strategizing and readying. Within the aspect of readying, Daniels identified four components- intellectual readiness, emotional readiness, receiving advice from others, and a precipitating event. She stated that all or most of the four components are required to be in place for weight loss to occur, and that the interplay between the components varies between individuals (2006). The precipitating event that Daniels identified is comparable to the Hull

identified by individual participants in this study. Participants' acknowledgement of this element can be compared to intellectual readiness.

In summary, all five participants identified one element in their life that was pivotal in their decision to lose weight, similar to the main structure of the sailboat. For some, this was a feeling or object, and for others it was a person or relationship.

The Sail

The second category that emerged was The Sail. The sails of a sailboat “are constructed to resemble wings that capture air. When the sail captures the wind, it creates a force and pushes the boat” (eHow, n.d.). A combination of different forces allows the boat to move in virtually any direction. Three subcategories were identified and included (a) Creating a force: They did it before; (b) Pushing the boat: In it for the long haul; and (c) Moving forward: It's different this time. A combination of prior weight loss for the achievement of a short term goal, attempting it once again with the goal of a lifestyle change, and discovering change within themselves, led all five participants to their current success.

Creating a Force: They Did it Before

The process of deciding to lose weight begins well before any lasting progress is made. Four of the five participants had previously tried to lose weight on the WW program on one or more occasions, and one participant had attempted other methods of weight loss. While amounts of weight lost varied between individual participants and subsequent attempts, one factor remained constant. In every instance, participants regained all or more of the weight they had lost.

Participant one tried WW on several previous occasions while she was a college student.

I started Weight Watchers when I was in college. Before I went to college, when I was 18, was the first time I ever tried Weight Watchers- did it for a few months, lost about 20 pounds, but then went off to college and just couldn't handle keeping up with it. And then every summer I would follow the plan, lost more weight, but then gain it all back at school.

She discussed how she always felt a sense of urgency to take weight off prior to returning to school. She reported her previous attempt at WW, "well, the last time I think I was using it because I wanted to lose the weight, and I wanted it off really quick." Since then, she graduated from college, and currently has a full time job that she enjoys.

So I think this time with Weight Watchers it wasn't trying to lose the weight quick before I went back to school so that way hopefully this year I'd meet a different cute boy. It was, you know, I was starting my life, and I think that I wanted to make myself happy, and I think that one of the ways was to like how I looked and be comfortable...

Participant two attempted weight loss on two prior occasions. She had also identified a short term goal as a reason to lose weight, and found the process unsuccessful. "Um, the first time I just did it to go to prom cuz I was overweight in high school as well...and then the second time I've gotten pregnant so I had to stop." She further explained her weight loss prior to her prom.

And the main goal at that point was just for prom cuz I didn't want to fit into a plus size dress. I wanted a regular size dress. Um, once prom was over, that's what was my goal and so then I just let go and I gained all the weight right back... I had a goal in mind and I set that and I reached it and then that was done. I wasn't thinking long term on that.

Participant four was a WW member in the past, and had joined as a favor to a friend.

I had previously been in Weight Watchers before that and that was to help a friend. So, a friend who really, you know, wanted to lose some weight- she needed a buddy. So I went with her as a buddy and I did really well and lost a lot but, um, financially I couldn't afford it. So then I started gaining a lot... (laughs). So I gained what I lost times two! So... and then, you know, the stress builds on you especially with jobs and, and just the fact of having that extra weight really did.

Participant five followed the WW program prior to her wedding. Like all other participants, once the event was over, she reported losing her motivation to stay on track.

I was in Weight Watchers before I got married. I wanted to lose weight before I got married. I was- I don't know what my joining weight was but I had lost 20 pounds with Weight Watchers before I got married so I had all the books and everything else, and after I got married I thought "Oh! I lost the weight, I don't have to continue!" And then we got married, got pregnant, and then I ended up fat.

Participant three had also tried to lose weight in the past, but did not emphasize the importance of this past experience as much as the other four participants. She stated “but I’ve tried, you know, fad diets in the past like South Beach and those type of things and yeah, I’ve lost weight quickly, but it came right back.”

All five participants reported prior attempts at weight loss. They had successfully lost weight on one or more prior occasions, but had gained it all back. This is consistent with the phenomenon of relapse, and further demonstrates the difficulty of the maintenance stage of the Transtheoretical Model, which lasts anywhere from 6 months to 5 years (Prochaska & Velicer, 1997). During this time, individuals are constantly working to prevent relapse, which is defined as a form of regression leading to a return to an earlier stage. In the maintenance stage, individuals apply the processes of change less frequently as they did initially since temptations are reduced, and confidence is increased. While relapse is not an individual stage, for most people attempting health behavior change, it is a rule rather than an exception. Most individuals, however, do not regress back to the precontemplation stage (Prochaska & Velicer).

Pushing the Boat: In it for the Long Haul

Once the initial force is created, the sail is able to capture the wind and push the boat forward. Momentum is created, and the boat begins to sail along a clear and consistent path. At some point, all five participants indicated that weight loss for the achievement of a short term goal did not work for them. Eventually, they all understood the importance of working the program into their lives, and that this was a process that

would take time. They knew that in order to be successful, lifestyle changes were needed as opposed to short-lived, drastic changes. Participant one stated,

I finally decided that it was a lifestyle change, and that this is how my life is going to be forever and to accept it and take my time...I will end up losing it sooner or later, I just didn't want it to force it to come off any quicker than it should be.

She continued to discuss the importance of sticking with the program. Even though it was hard work, she focused on the long term nature of the weight loss process.

It is [hard work], but you have to just be positive about it and realize that...you don't gain the weight overnight, so it's not gonna come off overnight, and you just have to keep sticking with it. And, yeah you might only lose a pound, you may even gain weight at times, but it's just like, the sense of, you can, anybody can do it. You know, if I can do it anybody can!

She reported that she had to change the way she ate, as well as change the way she planned her days. She set herself up for success right away each morning. She discussed how focusing on her eating made her feel more in control of her life.

Yeah, because before that ... I would be the one who decided to go out to eat at a fast food restaurant and stuff, but now, like, I plan out my day, like plan my day with my food so not only am I planning like what I am going to be eating every day I plan like my exercise, and like I pack a lunch and I never did that before. So I feel like if by making plans in the morning

I'm planning out my day and I'm more focused and ready for it where it's not as chaotic...

Participant two described how she nearly hated herself. She reported not liking herself, and would cry when she thought about her weight. At one point, she had considered taking down the full-length mirror in the hallway so she would not have to look at herself. At that point, her mindset changed. She realized that this was not the way she wanted to live her life anymore, and quickly decided she needed a way to change things permanently.

I immediately went to the WW leader at our, at work, and I went to her and said I have to start now...I can't wait until 2 weeks when the new session is starting. And it just happened it was a Thursday which is when our meetings are, so I'm like "I have to start today." Like there was no, I didn't really like plan it- it was just like a- "I have to do this now." It just- something came to me and like, it's, it's just a lot for me, and I just really needed to do it now. And, and that was just, I guess, how it was. It wasn't a lot of like decision-making or something, and once I had it- that I had to do it now- I just did it!

To make her weight loss an attainable goal, participant two reported the importance of working the program into her life by attending her WW meetings while at work, a program offered at many employment locations. In fact, she attributed the convenience of participation as a part of her success in losing weight since she could join

when she was ready. ”So I think just making the decision and just running with it right then, not just waiting for that next opportunity is what made me start when I did.”

Consistent with the results of the current study, Finkelstein and Kosa (2003) found that properly implemented financial incentives for weight loss at worksites may promote behavior change among employees. While WW at Work was not necessarily reimbursed by the participant’s workplace, the convenience of having the meetings available to them at work did help to modify their behavior by allowing them easier access to meetings.

Three of the five participants attended WW at Work meetings, and this convenience played a major role in their success. Participant one also reported that having the meetings available at work was to her advantage. “...So last year I decided to finally, um, they had Weight Watchers- we can do it at work, and so I thought it would be convenient...”

Participant three, a Registered Nurse, reported being embarrassed after receiving the results of her most recent health screening at work, which indicated her cholesterol was elevated. She knew she needed to do something, and then found out that WW at Work would be starting soon. Initially she was hesitant to join, but later found out that her employer would reimburse a portion of her membership fees. She was also enticed by the convenience, and later came to appreciate the social aspect as well.

You know at work, it’s very convenient for me to just pop in cuz it’s not a huge distance. You know, I live um quite a ways away from any major cities so, you know, you’re talking a 45 minute drive just to get to Green

Bay, so having it just 15 minutes away was a lot easier than trying to get somewhere else to do it. Um, so them offering it made a huge difference. Um and also you kind of, you know who you are working- you are in the group with- because their mostly people that you work with. So you recognize everyone and you can cheer each other on and, you know, go through it together instead of just being by yourself.

Participant five stated “Weight Watchers isn’t a diet, it’s a lifestyle change. I can still eat whatever I want to eat. It’s just a matter of knowing, ok, if I have that Big Mac, I’m done for the day!” She reiterated this point over and over throughout her interview. “It’s a lifestyle change. And yeah, you have to continue your lifestyle change- but it’s a healthy lifestyle change. I’m not punishing myself. Not at all.” She continued,

I had to tell myself “I need to do this, I need to do this, I can’t just do it for a day.” You need to do this and it needs to be a lifestyle change. I need to make changes in the way I cook, changes in the way I shop, it’s- I had to mentally prepare myself to say “Ok, that’s the old you, you don’t like that old you, you don’t like the way you look, the way you feel. You need to make changes.

She provided a specific example of the types of changes that have taken place in her house.

Instead of sitting down with chicken and cheesy hash browns and another starch and another starch and another starch, we have chicken with mixed

vegetables and, you know, a fruit. It's amazing. We've all adapted and it's healthier and even my three year old loves it now.

Participant four also recognized the importance of convenience, and attended WW meetings that were close to her home. "... It's nice cuz it's at a location that's close to us."

In summary, to continue to move the boat forward and stay in it for the long haul, participants needed to view their weight loss process as a lifestyle change. Additionally, this change needed to be convenient for them so lifetime maintenance would be possible.

Moving Forward: It's Different This Time

To keep the momentum going, and ensure long term success, participants needed to recognize what was different about their journey this time. At times, it was a matter of hitting rock bottom. For others, it was not wanting to relive the experience of weight gain. Some simply did not want to give up again. Participants were able to identify changes that took place within themselves that made this time different.

Participant two described the feelings she had that led her back to WW once and for all. "The number one reason was because I just didn't like myself anymore."

I got to the point in which I wasn't comfortable with myself anymore. Um, I wasn't fitting into any of my clothes, not even my fat clothes. Um, so it got to the point where it was either lose the weight or start buying all new clothes in the plus sizes. Um, I got really depressed. Um, cuz I'd go to stores that I'd normally shop at, like Old Navy, and I couldn't fit into anything that they offered.

She stated that although it took over a year for her to make another attempt to lose weight on WW again, she was sure it would be different this time because of the support she had in her family.

So, it's just, everyone's really supportive that I'm with so it's, it's really great. And that's different from the second time, cuz I was dating in a long term relationship and he was thin as could be and not any, probably could eat whatever he wanted. Um, and that, I struggled with that a lot. It took me a lot longer to take off any weight cuz he would constantly be eating badly and I would sit there with my little chicken breast and broccoli while he had a Big Mac! So, I mean, my family, if, without them I would still be 251 pounds.

Participant one described the many reasons why her weight loss journey was different this time. She recalled the numerous times she returned to college in the fall and quickly gave up on her weight loss attempts.

Where this time I wasn't going off to school, I wasn't doing it for a particular reason, I wasn't doing it so when I went back to college I could fit into a smaller size jeans, I wasn't doing it because I was standing up in a friends' wedding and I wanted to look cute in my dress. I was doing it because I wanted to lose the weight- so not having an end date to it, not saying ok I'm gonna do this for a few months and then be done with it.

The experience of losing weight before and gaining it back seemed to provide participant four with perspective about weight loss. Since she knew WW had worked for

her in the past, it was easier for her to believe in the process again. “I think I do have different feelings because of the fact that I knew it works.” She stated that when she returned to WW three years after her first attempt, she recognized a member who had remained on the program despite her initial struggles.

...And now when I came back she’s still there and she- she looks great.

She lost, you know, what she wanted to lose. She’s lifetime. So, and going back and seeing that made me feel so good, made me feel, you know, like “Oh, I can do this too!”

She stated she knew things would be different this time. When asked what made her so sure, she answered.

Because of how much better it made me- makes me feel. Because I’ve seen what happens if I don’t. You know, if I just don’t care and go out to eat and do whatever. I’ve seen how fast I can gain it back, you know. It was not pretty!

Participant three discussed how finally admitting that she had a problem was helpful to her. She reported that she needed the wake up call that she was on a path to poor health. She had to stop avoiding the problem and finally face it.

I guess I tried the best I can not to look myself in the mirror. It’s, you know, I don’t have a full length mirror at home so I think that really helps, but I know that I don’t look as good as I did many years ago, um, and yeah- that obviously is something I want to change...

Once she recognized the problem, she was able to move forward with her life.

I guess it's hard to come to that decision. It's hard to admit that you have a problem, but once you do, it makes life a whole lot better. You just have to get over that- just like any addiction- you need to get over the, the "it's not going to happen to me" and deal with it.

Participant five described the decision to lose weight as both physical and mental, requiring much preparation. She compared the process of deciding to lose weight to that of a smoker deciding to quit tobacco. She emphasized the importance of being ready for change to prevent relapse.

You gotta get to know your body; you gotta know what you can do- your physical limits. You can't exercise 4 hours a day and then the next 4 days- nothing. Four hours a day does not compensate for 4 days. I think the mental game is the biggest part that I have. I mean physically I still- I exercise- more in the summer but not a lot in the winter. But I mentally had to tell myself "This is it, this is- you need to change. You're not happy, your husband's not happy." I just didn't like taking up half the love seat anymore. I'm done with that person. And I'm a better person now- healthier. That's me.

She stated that in order to stay on track, some things had to be done. "I basically just took all the sweets out of my house. I, I stopped buying the Oreos, I stopped buying all that stuff."

While all five participants assured themselves that this was the last time they would ever lose weight, they continued to recognize that weight loss will remain a

constant battle in their lives. Retrospectively, each participant was able to identify why this attempt was different from their previous attempts.

Johnson (1990) identified an emergent theory on the process of weight loss: “A basic social-psychological process called restructuring facilitates dieters’ efforts to reach and maintain ideal weight” (p. 1290). Johnson identified three stages in the Restructuring process: Stage 1: Gaining a sense of control; Stage 2: Changing perspective; and Stage 3: Integrating a new identity and/or way of life.

Stage one is about the need for the overweight person to gain a sense of control over food. Two phases occur in stage one. The first phase, called reorganizing self/environment, discusses strategies used by dieters to gain a sense of control which included joining a commercial weight loss center, multiple forms of self-discipline, and the creation of supportive environment. The second phase, coming to terms with self, is a period of reflection where the individual accepts responsibility for making lifestyle changes by becoming aware of the role of overeating, realizing the need for different choices, and taking action by making the right choices.

The two phases of stage one are consistent with the three subcategories of The Sail. Subcategory one, Creating a force: They did it before, focused on participants’ previous weight loss attempts. Four of the five participants had sought to gain a sense of control joining WW. Thinking about their prior attempts at weight loss can be compared to a form of self-reflection where the participants’ became aware of their overeating and the need for better choices. In subcategory two, Pushing the boat: In it for the long haul, the importance of long term goals and lifestyle change was emphasized. Subcategory

three, Moving forward: It's different this time, focused on personal changes that accompanied the weight loss experience. Both subcategories are similar to phase two where acceptance of the need for lifestyle change occurs.

Weight loss for the achievement of a short term goal seldom results in long term weight loss. In this category, the combination of prior weight loss, a subsequent weight loss attempt, overall lifestyle change, and personal change was identified.

The Anchor

To ensure that a sailboat will not drift away from the intended destination, good conditions must be present including knowledge of the location of other boats in the area, consistent depth throughout the anchoring surface, and adequate resistance on the line that connects the anchor to the boat (eHow, n.d.). In The Anchor, three subcategories emerged: (a) Other boats: Their families; (b) Consistent depth: Their physical and mental health; and (c) Line resistance: The scale and more. While each participant sought motivation in different ways, many similarities were noted.

Other Boats: Their Families

This subcategory interrelated closely with many other subcategories. Repeatedly, participants reported the influence of children, spouses, and parents in their lives during the decision making process. All five participants described members of their families as being a major source of motivation for their decision to lose weight.

Participant two spoke of the impact her children had on her decision to lose weight. She was often unable to keep up with them.

I have two small children who are very active. Um, and I would get winded from just going from the downstairs to the upstairs. Or, um, soccer practice would come and I wouldn't be able to run with him and to help him practice. Um, then with my, my littlest one just, he's all over the place and just trying to run after him, it was just exhausting.

She also thought about the long term implications her obesity could quickly start to have on her oldest son.

And you know seeing my, my son who is 7, um, he has a lot to do with it too because I want him to be healthy, I don't want him to become an adult and then struggle with weight loss. I'd just rather have him be healthy and stay healthy.

She also reported the importance of her husband, who had also lost a significant amount of weight following the WW program. She talked about how important it was that they were both ready to start the weight loss journey at the same time.

And during the, the process of wanting to lose weight it would come to the fact that I would want to but he wouldn't want to. So then we would have the struggle where I was trying to eat good, but he wasn't. So then it would pull me down. Or he would be ready to lose weight but I wasn't. So it got to the point where it was that battle between us until the one time where I'm like we have to do it now together.

This agreement, however, did not always result in weight loss.

Cuz I had to like “Okay honey, let’s try to lose weight” or “Okay, let’s try to be healthier.” And he’d be like “Okay,” and we’d go for a couple days just on our own of eating well and then something would come up and we’d have cake or we’d go out to eat or, you know, whatever, and it would just- once we got the mindset of that was okay we just kept doing it.

In the end, she thought that this mutual effort and support would lead to permanent success.

But I think this time it will stick more because I have support at home.

Um, my husband is a huge part in everything that I do...and I think he is really the reason that I’ve become successful and that I got to my 10%.

She also had support from other family members who had also recently lost weight.

Like my extended family, they’re all really supportive. Um, my dad bought me a George Foreman grill when I hit 50 pounds to help me like, you know, be, have leaner food. And um since then my dad, stepmom, and my brother have all started WW as well. Um, so, um my dad is down like 35 pounds, my stepmom’s down like 20, and my brother is in like the 35-40 range. So it’s great to have that kind of influence on them as well and to have them, you know, decide that this is what they wanted to do as well.

Throughout the interview, participant one shared her experiences while growing up with her family. She stated that both of her sisters as well as her mother are overweight or obese. Meals as a child included cleaning the plate, as well as inclusion of

high calorie snacks. She continues to have a close relationship with her mother, who is a major factor in her weight loss. While she perceived her mother as supportive overall, she acknowledged that at times she was actually destructive.

My mom, um, you know, before I tried to lose the weight, if I would go to eat something, she would probably be like “Are you sure you want to be eating that?” Because I think, you know, everybody has it in their head too, like she always thinks that true happiness is to be married and have kids. And in order to get married you have to have a boyfriend. In order to find a boyfriend you have to be...you have to be cute. Or, she just, I think she knew too that I wasn’t that comfortable and happy with myself and I lost the weight before...She was trying to be supportive but at the same time she was being destructive...

She also stated that her boyfriend who was also on a weight loss journey was supportive.

My boyfriend is very supportive and cooks with me, and he’s trying to lose weight, so I, you know, when we cook together he doesn’t mind that I eat a lot of vegetables and not a lot of meat. Where before other boyfriends weren’t as supportive or they would always want to order pizza or Chinese or things like that where he realizes that, you know, I can have that just in moderation. You know, he knows too that there are some days when I don’t want to eat things but I’m going to and he’ll be like “Are you

sure that's, you know, are you thinking this through clearly?" So things like that.

Participant five stated that both her husband and son were her sources of strength. "My husband does [Weight Watchers] with me. And even my son loves the Mac n' Cheese from Smart Ones." She described the relationship between her and her husband. "We are- we are just amazing. And we stick together. We stick together." She continued to describe the overall family dynamic.

My husband drives me crazy but he's a supporter (laughing!). Um, he doesn't- he does do the Weight Watchers with me but not a- not as religiously as me. He'll still sit down with a Snickers candy bar or, you know, the bowl of ice cream every night which drives me crazy. But he's a big supporter. Um, my 3-year-old, he is a hoot! He eats all of my Weight Watcher's peanut butter cookies cuz he loves them. But they're all kind of- we- our lifestyle has changed.

She also discussed the impact of her family medical history on her decision to maintain her weight loss.

I mean, my grandpa is a diabetic, my grandmother has had coronary artery bypass, so we have heart problems and we have diabetics and cancer- I mean you name it and I have them all on my list of uh-ohs to watch out for. And I don't want to- knowing that I, we have the diabetes and the heart problems, with me being overweight like that, I was a candidate for all that and I didn't want to have to take all those pills everyday or watch

my cholesterol or, you know, take medication for that because I could change that myself! I could lose that weight; I could change it without the medication... I'm just grateful I've lost the weight I have cuz I don't want to ever have to be poking myself with needles or taking 13 pills a day because of weight when you could have prevented it yourself.

Participant three also identified the impact of her family medical history on her decision to lose weight. "...With my family history um of my mom and father both being obese, and their health risks, I decided to um that I needed to do something." She stated

And then there's the father that also helps. He is 65, just retired, and he has a very big pregnant belly and he has had it for as long as I can remember and he, um, has heart problems- um, has not had a heart attack or anything as of yet- but he has a 50% blockage. Um, but he refuses to follow what he is supposed to follow. He eats whatever he wants, um, he doesn't drink- he was an alcoholic- he doesn't smoke. But it would not be unusual for us to sit down and take a 12 pack of regular Pepsi and go through it in a morning.

She reminisced what it was like for her and her siblings growing up in her house.

I grew up with eating whatever you wanted, eating as much fast food as you wanted, um, regular soda constantly. You- everything came out of a box or bag, um, which makes it very hard when you're, when you're accustomed to that to make healthy choices. Um, I have one sibling who is 2 years older than me, um, and she's done the- dealt with the yo-yo

dieting, you know, for as long as she remember, for when we were kids I was always skinnier than she was cuz I had a higher metabolism but then I hit college and we kind of back-tracked a little bit! Um, she maybe, she's probably maybe only 20 pounds lighter than me, um, at my highest weight.

Her husband had different ideas about dieting.

Um, my husband as far as, you know, he pretty much eats whatever he wants- same deal. He does not- will not touch a diet soda, will not, you know, it's, you know, he wants the greasier the better- the whole nine yards- so I'm sure we'll deal with issues with him later on in life too. But, you know, when it's hard when everyone around you wants that donut and that Mountain Dew and you can't. You just can't do it!

She also stated that while her husband may not be supportive with food selection, his love for her regardless of her weight was obvious. "My husband said he's gonna love me no matter what size I am."

Participant four discussed the impact of her boyfriend's mother on her. She encouraged the participant to rejoin, and offered to help pay for her membership, since finances were a major concern for the participant at the time.

... We were at a family event for my boyfriend's and I was talking to his mom and she had talked about joining Weight Watchers earlier. She had, you know, said that cuz I had talked about how I had lost a lot the last time I was on it- and so she kinda just like, she was kinda like "Let's do it." She

goes “I’ll pay for you, let’s do it. Let’s just start.” So that was just kinda like the initiative of, again of having a buddy. It helps a lot having someone to go with you. So then we- I- found out when the free joining fee or whatever was and we joined!

She also talked about the support she got from her boyfriend. While he did not want to follow the Weight Watchers plan as closely as she did, he helped her choose recipes, and enjoyed her healthy cooking at mealtimes.

So... and, you know, it’s a lot of encouragement at home too because my boyfriend- he just, you know, he wants the sweets, he wants to eat out all the time, you know, (imitates a grumble) you can’t make something that’s less fat (imitates a grumble)...So I go through and I find some recipes that I like and I think sound good and then I have him go back through and he will find “Oh this sounds good!” So it’s a lot nicer being- having him pick out some recipes cuz I know, you know, well that he’s gonna maybe like it hopefully!

To ensure the successful journey of a sailboat, the location of other boats in the area is essential. For all participants, the pivotal support of their family members served as these other boats.

Consistent Depth: Their Physical and Mental Health

All participants described their desire to become healthy as a motivation for deciding to lose weight. For some, this meant physical health, and for others, it meant mental well being.

For participant one, being healthy was very important. Although her current state of health was satisfactory, she feared that obesity would accompany future health consequences.

... I was putting on weight and I was putting it on fast. And, um, I just wasn't eating you know vegetables or, um, drinking the things, the getting in the vitamins either. So, it was just being more conscious about what I was putting into my body and stopping it before it got to the point where I would have high blood pressure or diabetes. It was more of like to prevent, um, getting worse than to, because yeah I wanted to look, not be skinny, but you know lose weight but at the same time I didn't want to keep gaining weight and end up getting to the point where it would be a lot harder to lose the weight or where it would start affecting my health worse than it was already.

Participant four stated "The feeling of you want to be healthy, you know, it makes you feel better...it pushes me." She continued to talk about the negative sequelae of being overweight, and what that felt like.

Like I said it before, I started to get off track for a little while and you can see the pounds gaining, you know, going on and... it just- it just doesn't- it makes you feel bad. It- you feel down, you know, my headaches got worse and I just felt like I couldn't, you know, climb a flight of stairs without getting winded. You know something like that. And now it's like I have more energy, I, you know, I can keep going I can do my job and- and not

huff and puff every time I have to carry things in and out of my car, you know, stuff like that helps.

Participant five began her weight loss journey about a year prior to joining WW. Her maximum weight was 324 pounds and she did not feel good about herself. “I felt very, um, secluded, didn’t want to go anywhere, didn’t want to be a part of anything.” She continued “Um, I didn’t, like I said, I didn’t want to go anywhere, didn’t want to do activities. I felt very uncomfortable with myself.” While it was these feelings of seclusion that led her to begin her journey, a brief glance down at herself one day helped her mental image of health to become visual. As she described this pivotal event, her eyes filled with tears and her voice was strained.

I couldn’t... my biggest thing that I loved the most- I know it’s gonna sound corny- I can see the car seat on both sides of my legs. And to me that feels great- I couldn’t do that before. It’s little things like that. I can actually feel comfortable about going out into the public and seeing myself look good.

She also talked about feeling better in general, and improving relationships in her life.

I feel great about myself. And it’s just- it’s changed my lifestyle. It’s changed my- the way I feel about myself. It’s even changed my relationship with my husband. That is a hundred times better! ...I’ve done it...And it feels wonderful. It just feels wonderful. I am happy with

myself. Yeah, I still got the areas I would like to work on a little more, but I couldn't ask for anything more right now but more- more weight loss!

She carried a picture of herself at 324 pounds, her highest weight. She pointed at that picture, and said "I couldn't even do normal daily things that I wanted to do. I will never be this again."

Participant three talked about the importance of her health throughout the entire interview. "But it's more for the health reasons that I'm doing it than for the, you know, I want to look like I did when I was 16." She reported being horrified when she realized that she could not walk up a flight of stairs without getting short of breath. This concerned her especially because she was a nurse, and often had to respond to code situations in the hospital that required immediate response.

She also discussed other disconcerting aspects of her health. "My cholesterol of course was creeping...and my asthma and those type of things were actually getting worse with my weight so um I decided to start [losing weight]." She began to lose weight, and noticed positive changes right away.

Um, but I've just found that, you know, being 25 pounds lighter than I was a few months ago makes a *huge* difference! (Laughs!) Um, I can breathe easier. My asthma is, um, not affecting me as much as it had been in the past. Um, I actually had my blood work drawn again today so we'll see, um, what the difference is in my blood work from then to now which I'm sure is a lot better. Um, down two pants sizes, just doing- just feeling

better in general. Um, and not having that “I can’t do it,” you know, because I’ve proven I can!

Participant two talked about the depression that had accompanied her weight.

Um, so in a part of being, wanting to become healthier and more active was also, I was really depressed. So I was lazy and I would just sit around, so I just wanted to work on like overall being healthy. To me it’s not so much about what I weigh- like the number- it’s about feeling healthy and being healthy.

She stated that she recently joined a co-ed soccer team with her friend who was also in Weight Watchers. She looks forward to a better state of health so that exercise is not so difficult for her anymore.

I did it when I was heavy and it just about killed me. I mean just being out there for 5 minutes I wanted to die! Um, so I wanna be able to have the stamina to, um, play a game and not get winded after like 2 seconds of running. Um, so I’m trying to focus also on exercise. I struggle with that big time- I don’t exercise regularly at all. So I’d like to get to a comfortable level of being able to exercise regularly.

The importance of health as a motivation for losing weight is not new to this study. Brink and Ferguson (1998) found that of their total sample of 140 participants, “44 people, equally divided by gender, made a comment about their health having a part in their decision to lose weight” (p. 92). Also similar to this study, participants in the Brink

and Ferguson study mentioned specific health problems such as high blood pressure, diabetes, and high cholesterol as being of concern to them.

The desire to be healthy and prevent complications such as diabetes and high blood pressure was important to all participants. Furthermore, all participants reported feelings of self-satisfaction that accompanied their weight loss.

Line Resistance: The Scale and More

A proper amount of resistance needs to be placed on the line of the anchor to ensure the sailboat remains in place. This line resistance was compared to the tools used by the participants to keep their weight loss on track. Participant three discussed the importance of the changing numbers on the scale.

So when I see that and I see that I don't want to be there and noticing the difference in the scales. The difference in the scale is a huge motivator. Cuz I didn't lose as much, you know, I lost a couple pants sizes but nothing drastic and not as quickly but when you go in each week and you see that difference in the scale, and you get that cheer, you know, that "Hey you did it!"...that is the motivation, you know, that you're actually seeing a difference- that black and white.

Participant five also discussed the scale, but to her, it was a symbol of competition with herself. "But, yeah, I'd definitely say my drive is the scale cuz that's my own- that's my competition, not anybody else." She described her weekly encounters with the scale, and continued to emphasize how important it was for her to see the numbers changing as proof that she was moving toward her goal.

The scale keeps me going. Cuz I, I shouldn't say I get upset with myself, but I- it's like one week I gained 2 pounds, the next week I lost 2 pounds- well I know that's water. That's just water. But if I get that when I weighed in for my 10%, I had just hit my 10%. It was actually on the nose with, with the point, you know, whatever it was and... It drives me. So next, I know my, next week when we weight in; I want to hit my next target which is 25 pounds... But it's- the driving me is the scale. Definitely the scale cuz it's my own- I'm competing against myself. Nobody else. If I gain 3 pounds that's my own fault. I know I did it- this is what I did- and yeah, ok, I gained those 3 let's get them back off. It's the scale. That's my- that's my drive. Cuz I want to see my final goal... I want to see that number on the scale. That is my goal. And once I hit that I want to continue that or a little lower.

She reported having a clear goal in mind to keep herself focused.

It's been hard, but I still want to continue it cuz I'm not at my goal weight. And I am darned determined to get to my 165 goal weight because that's what I want to be. I want to get back to that. I have- the jeans that I'm wearing now- I haven't been that since high school.

For participant two, it was not the numbers on the scale as much as it was her feelings, and the way she was now able to portray herself to the world.

Um, I wear my contacts now instead of my glasses, um just the little things. Sometimes I'll wear makeup which normally I never would before.

Um, so just the way that I feel about myself is amazing right now and I don't think I can give it up for anything.

She was also setting goals for herself along the way to sustain her motivation, and hopefully prevent regaining weight later.

Um right now um... I'm trying to get to the 160 mark. Once I hit the 160 I will then be eligible to work for WW. Um, and I would like to, you know, influence people to, to lose weight and to help them reach their goals.

Participant one described her thoughts about her decision to lose weight and continue the weight loss journey.

Um, I think a lot of it was just seeing, looking back and knowing how when I did lose the weight how I looked and looking at myself in the mirror, and the clothes at the store that I started working at weren't fitting, and that I knew I was putting on the weight, and just knowing that it wasn't, I wasn't happy. And, I needed control so if I could control how I ate and my weight, that not only would it help me look how I wanted to, but also have control, more control over my life and control my surroundings...

Participant three discussed the importance of her weekly weigh-ins at WW meetings. She initially chose the WW program "so that I had something a little more structured, um, that I am accountable for making an effort." Talking about why Weight Watchers helped to through her weight loss process, she stated

...That I have to go in every week and I have to weigh in- and I'm gonna be ok, it's good when I don't, but I'm not criticized when I don't gain- or when I gain back- but I'm not, but I'm encouraged to keep going and keep moving.

Similar to the goal setting described by participants in this study, Eckel (2008) discussed the importance of behavior modification techniques in the lifestyle approach to weight loss.

The key features of the standard behavioral-modification program include goal setting, self-monitoring, stimulus control (modification of one's environment to enhance behaviors that will support weight management), cognitive restructuring (increased awareness of perceptions of oneself and one's weight), and prevention of relapse (weight regain) (p. 1944).

All participants needed something to keep themselves focused. For some, the scale and the weekly weigh-ins served as a tool to recognize their success. For others, it was the new feeling of self-satisfaction that motivated them.

Chapter Summary

The purpose of this study was to explore how young women decide to lose weight. The results of the study were presented in this chapter. Using Colaizzi's method of data analysis, three themes using the metaphor of a sailboat emerged: (a) The Hull, (b) The Sail, and (c) The Anchor. Multiple subcategories within categories two and three emerged. The Sail included subcategories (a) Creating a force: They did it before; (b)

Pushing the boat: In it for the long haul; and (c) Moving Forward: It's different this time. The Anchor included subcategories (a) Other boats: Their families; (b) Consistent depth: Their physical and mental health; and (c) Line resistance: The scale and more. These results were found to be consistent with results of other studies. In chapter V, a summary of the results and conclusions of the study are discussed. Implications and recommendations for further research are provided.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The purpose of this study was to explore how young women decide to lose weight. A summary of the process by which young women decide to lose weight, conclusions, implications for advanced practice nursing, and recommendations for further nursing research are presented in this chapter.

Summary

Obesity is a problem of epidemic proportion in the United States, leading to over 300,000 premature deaths each year. Obesity prevalence continues to rise, and carries with it an increased risk of co-morbid conditions including type II diabetes, hypertension, breast cancer, sleep apnea, and heart disease. Women in particular struggle with the decision to lose weight. While both qualitative and quantitative studies have investigated weight loss in young women, no specific studies were found investigating the process of how young women decide to lose weight.

The purpose of this study was to explore how young women decide to lose weight. A naturalistic method of inquiry was used to discover the process. The Transtheoretical Model of Health Behavior Change, by Prochaska and Velicer (1997) provided the theoretical framework for the study.

Five women who had achieved at least a 10% reduction in their body weight participated in this study. All five participants were asked to respond to the question “Tell

me how you decided to lose weight?” Interview transcripts were analyzed using Colaizzi’s (1978) method. From this analysis, three main categories emerged: (a) The Hull, (b) The Sail, and (c) The Anchor. The metaphor of a sailboat was used throughout the analysis to give a better understanding of the emergent process of deciding to lose weight.

Each participant identified one element that was crucial to her decision to lose weight. In the first category, The Hull, no subcategories emerged, as this was a single unique element in participants’ lives. While there were many motivating factors that led participants to lose weight, each continued to refer to her hull throughout the entire interview. Participant one stated that her motivation to lose weight was based on her desire to be happy in her own skin. Participant two identified the discomfort she felt associated with the full length mirror she passed daily in the hallway. Participant three stated the relationship with her mother as pivotal in her decision to lose weight. Participant four reported her migraine headaches, and saw weight loss as her best chance at reducing the pain. Lastly, participant five talked about the important role of her son in her decision to lose weight.

The second category, The Sail, was based on the factors that reinforced the initial decision to lose weight, and propelled successful weight loss. Subcategories included (a) Creating a force: They did it before; (b) Pushing the boat: In it for the long haul; and (c) Moving Forward: It’s different this time. A triad of success emerged from the category: 1) Prior weight loss; 2) Recognized the need for permanent lifestyle change rather than short term goals; and 3) Discovered changes that took place within themselves.

All participants had attempted weight loss in the past with varying degrees of success. Four of the five participants had even been WW members. Eventually, all realized that weight loss would need to take the form of a lifestyle change rather than a diet. Furthermore, attempting to lose weight for the achievement of a short term goal was not the ultimate way toward permanent change or weight loss. Participants stated that admitting they had a problem, making changes in their thinking, and changing their physical environment were essential to ensuring that this time would be different.

The final category, The Anchor, was based on factors that continued to motivate participants to lose weight. These factors reinforced their initial decision to lose weight. Subcategories included (a) Other boats: Their families; (b) Consistent depth: Their physical and mental health; and (c) Line resistance: The scale and more.

All five participants talked about the role their families played in their decision to lose weight. Some were influenced by their desire to be involved with their children, while others were influenced by their desire to never end up like their parents. Some discussed their desire to avoid their family history of chronic disease. Additionally, all participants identified the need for both physical and psychological health. The participant who had migraines reported that her headaches had improved when she lost weight. Others reported increased energy, and an increased ability to keep up with their children.

Participants reported that their decision to lose weight was reinforced by the numbers on the scale. Some relied on the weigh-in process at the weekly Weight Watchers meetings, while some were motivated by their own personal weight goals. All

reported needing some sort of visual reassurance of their weight loss, including their reflection in the mirror.

The Transtheoretical Model of Health Behavior Change (Prochaska & Velicer, 1997) provided the theoretical framework for this study. The authors state that in order for an individual to successfully complete a positive health behavior change, the person must progress through six stages of change which are: 1) Precontemplation, 2) Contemplation, 3) Preparation, 4) Action, 5) Maintenance, and 6) Termination (see Figure 1). Individuals also use 10 processes of change to complete one stage and move to the next. The 10 processes of change are consciousness raising, dramatic relief, self-reevaluation, environmental reevaluation, self-liberation, social liberation, counter-conditioning, stimulus control, contingency management, and helping relationships.

At the time of their interviews, all five participants demonstrated behaviors that were consistent with the Action stage of the Transtheoretical Model. In this stage, individuals are actively modifying their lifestyle to the point where they reduce their risk of impending chronic disease (Prochaska & Velicer, 1997). All five participants had already lost 10% of their body weight, but none of the participants had yet reached their goal weight. These results are consistent with the results of a study by Clement et al. (2004) where 38% of participants were found to be in the action stage. All participants in this study also utilized the 10 processes of change. A table providing examples of this is illustrated (Table 3).

Table 3

Examples of the Ten Processes of Change

<i>Process</i>	<i>Example</i>
Consciousness Raising	<ul style="list-style-type: none"> ◦Depression, self-hatred, and self-consciousness. ◦Recognition of family history of disease. ◦Worsening migraine headaches.
Dramatic Relief	◦Thinking about son's future wedding.
Self-Reevaluation	<ul style="list-style-type: none"> ◦Prior weight loss. ◦Imagining self in larger size clothing.
Environmental Reevaluation	<ul style="list-style-type: none"> ◦Shopping in plus size department with mother. ◦Inability to physically engage with children. ◦Unable to be as physically active as would like.
Self-Liberation	<ul style="list-style-type: none"> ◦Rejoining WW. ◦Being positive and having a can do attitude.
Social Liberation	<ul style="list-style-type: none"> ◦Rejoining WW. ◦Cooking at home instead of going to a restaurant.
Counterconditioning	<ul style="list-style-type: none"> ◦Substituting with reduced fat and low-calorie foods. ◦Accepting lifestyle change.

(table continues)

<i>Process</i>	<i>Example</i>
Stimulus Control	<ul style="list-style-type: none"> ◦Throwing away junk food. ◦Packing a lunch instead of fast food. ◦Attending WW meetings.
Contingency Management	<ul style="list-style-type: none"> ◦Beginning to wear make-up again. ◦Looking at oneself in the mirror more often.
Helping Relationships	<ul style="list-style-type: none"> ◦Supportive relationships between participant and family. ◦Embarking on weight loss journey with another person. ◦Attending WW meetings.

Four of the five participants who had lost weight on prior occasions experienced the phenomenon of relapse, a form of regression where an individual returns to an earlier stage of the model. Prochaska and Velicer state that relapse is not a separate stage. “Relapse is the return from action or maintenance to an earlier stage. The bad news is that relapse tends to be the rule when action is taken for most health behavior problems” (1997, p. 39). While four participants admitted to relapse, they did not return to the precontemplation stage, but rather remained in the contemplation or preparation stage.

“Specific processes and principles of change need to be applied at specific stages if progress through the stages is to occur” (Prochaska & Velicer, 1997, p. 31). Therefore, an understanding of the six stages of change and the ten processes of change is necessary so that APNs can use stage appropriate interventions for patients in various stages.

Conclusions

The following are general conclusions based on the results of the study:

1. The decision to lose weight arises from highly individualized motives that follow a general process.
2. A unique element is required to initiate the process of deciding to lose weight.
3. Having lost weight previously increases the chance of success on a subsequent weight loss attempt.
4. Weight loss that is intended for the satisfaction of a short term goal is never maintained on a long term basis.
5. Significant and lasting weight loss can only occur if lifestyle changes are made.
6. Choosing a goal weight, and measuring results with a scale, is important to long term weight loss.
7. Some form of family support is required for the achievement of long term weight loss.
8. The desire for improved mental and physical health is a significant motivator for deciding to lose weight.

Implications for Nursing Practice

Obesity is a problem that will continue to challenge advanced practice nurses. APNs are in a position to help their patients decide to lose weight. To further understand the process that young women go through to lose weight, The Sailboat Model of the

Process of Deciding to Lose Weight: The Participants' Perspective was developed (Appendix E).

Advance practice nurses are on the front lines of health promotion, and weight loss in particular can be the single most important step a patient can take toward improved health. A better understanding of how young women decide to lose weight can assist APNs in having effective dialogue about weight loss with these patients. Based on the results of this study, a table outlining the steps APNs can take was created (Table 4). Additionally, The Sailboat Model of the Process of Deciding to Lose Weight: The Practice Perspective was developed (Appendix F).

Table 4

Discussing Weight Loss with Patients Using The Sailboat Model

<i>Category</i>	<i>Results</i>	<i>How APNs Can Help</i>
The Hull	Recognition of a unique element as vital to the patient's decision to lose weight.	◦Engage in dialogue that allows the patient to identify the unique element in their life that will lead to weight loss.

(table continues)

<i>Category</i>	<i>Results</i>	<i>How APNs Can Help</i>
The Sail	The Triad of Success: Overall lifestyle changes, prior weight loss, and discovering personal change.	<ul style="list-style-type: none"> ◦Describe the difference between “going on a diet” and “making a lifestyle change”. ◦Reassure the patient that a prior attempt at weight loss sets them up for success, not repeat failure. ◦Discuss ways in which weight loss will result in positive feelings about oneself.
The Anchor	Recognition of other motivating factors such as family, the bathroom scale, a personal weight goal, and the importance of physical and mental health.	<ul style="list-style-type: none"> ◦Encourage the patient to seek the support of family and friends. ◦Assist the patient to select a reasonable and achievable weight loss goal, and to weigh oneself at regular intervals. ◦Acknowledge improvements in physical and psychological health.

Based on results of previous studies, APNs can help patients lose weight.

According to Johnson (1990), nurses can help patients facilitate weight loss by

incorporating cognitive strategies rather than behavior modification alone. While the use of cognitive strategies has been advocated in the past, it is not a common approach today.

Daniels (2006) suggested that nurse practitioners (NP) assess patient's readiness to change their dietary and exercise behaviors. NPs should provide accurate information to their patients related to diet and exercise, but should not assume that patients are noncompliant if they do not follow the provided advice. NPs must provide patients with a sense of empowerment rather than a perpetual sense of disappointment. Furthermore, NPs should be proactive in providing health screenings as results of these tests may help to initiate discussion with patients regarding health behaviors.

Chang et al. (2004) suggested that health care providers take a more active role in the weight issues faced by the public, including monitoring the effects of media campaigns that praise the ultra-slender, and thus alter patients' views of their own bodies. The goal of weight loss should be focused on health benefits rather than appearance alone so that individuals can learn to evaluate their bodies from a new perspective and foster a more positive body image.

Clement et al. (2004) discussed the importance of physical activity and good dietary habits overall, but stressed the importance of tailoring patient teaching to the stage of change the patient is in. For example, if a woman is in the precontemplation stage, education should focus on identification of barriers and exploration of options for health behavior change. This teaching differs from a woman in the action stage, who would be more likely to benefit from reevaluation of personal goals and monitoring of personal change. Women in maintenance may benefit from a recommendation for a weight loss

support group. Other implications of this study include incorporation of technology such as websites and email messaging to enhance availability of health information, the use of health care visits to empower and educate patients about health, and initiation of community based health programs (Clement et al.).

Recommendations for Research

While both qualitative and quantitative studies have investigated weight loss in young women, no specific studies were found investigating the process of how young women decide to lose weight. Results of this study suggested that the decision to lose weight arises from highly individualized motives that follow a general process, as represented by *The Sailboat Model of the Process of Deciding to Lose Weight: The Participant's Perspective*. It is therefore suggested that this emergent process be validated by further studies with more participants.

As participant recruitment was difficult for this particular study, it is recommended that researchers seek approval to conduct the study from the selected weight loss organization prior to obtaining IRB approval. Another possibility is to simply interview women who have lost 10% of their body weight by any self-reported method. Furthermore, specific information about nutrition, dietary habits, and exercise could be included in the demographic questionnaire.

As recommended by Regina Benjamin, M.D., Surgeon General of the U.S., efforts need to be taken immediately to reverse the obesity trend. She states “my plan includes showing people how to choose nutritious food, add more physical activity to

their daily lives, and manage the stress that so often derails their best efforts at developing healthy habits” (U.S. Department of Health and Human Services, 2010). Additional qualitative studies are needed to investigate the role of the APN in patients’ decision to lose weight; specifically comparing the efficacy of APN counseling to the efficacy of a commercial weight loss center on weight loss. Furthermore, methods of educating patients on the importance of better nutrition, more exercise, and stress management need to be studied to ensure that the most efficacious methods will be implemented by APN’s.

APPENDIX A

Protection of Human Participants



October 22, 2009

Ms. Jacklyn Foth
1522 Orchard Dr.
Kaukauna, WI 54130

Dear Ms. Foth:

On behalf of the UW Oshkosh Institutional Review Board for Protection of Human Participants (IRB), I am pleased to inform you that your application has been approved for the following research: The Process of Deciding to Lose Weight: A Qualitative Study of Young Women.

Your research has been categorized as NON-EXEMPT, which means it is subject to compliance with federal regulations and University policy regarding the use of human participants as described in the IRB application material. Your protocol is approved for a period of 12 months from the date of this letter. A new application must be submitted to continue this research beyond the period of approval. In addition, you must retain all records relating to this research for at least three years after the project's completion.

Please note that it is the principal investigator's responsibility to promptly report to the IRB Committee any changes in the research project, whether these changes occur prior to undertaking, or during the research. In addition, if harm or discomfort to anyone becomes apparent during the research, the principal investigator must contact the IRB Committee Chairperson. Harm or discomfort includes, but is not limited to, adverse reactions to psychology experiments, biologics, radioisotopes, labeled drugs, or to medical or other devices used. Please contact me if you have any questions (PH# 920/424-7172 or e-mail: rauscher@uwosh.edu).

Sincerely,

Dr. Frances Rauscher
Dr. Frances Rauscher
IRB Chair

cc: Jaya Jambunathan
1670

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APPENDIX B

Demographic Questionnaire

Demographic Questionnaire

1. **Age:** _____

2. **Marital status:**

Single
Married
Divorced
Separated
Widowed

3. **Number of children:** 1 2 3 4 5 6 7 8+

4. **Education level:**

Some high school
Graduated high school
Some college
Graduated college

5. **Occupation:** _____

6. **Race:** _____

7. **Current Weight:**_____lbs. **Highest Weight:**_____lbs. **Goal Weight:**_____lbs.

8. **Height:**_____ft _____in

9. **Did your healthcare provider recommend you lose weight?**

YES NO

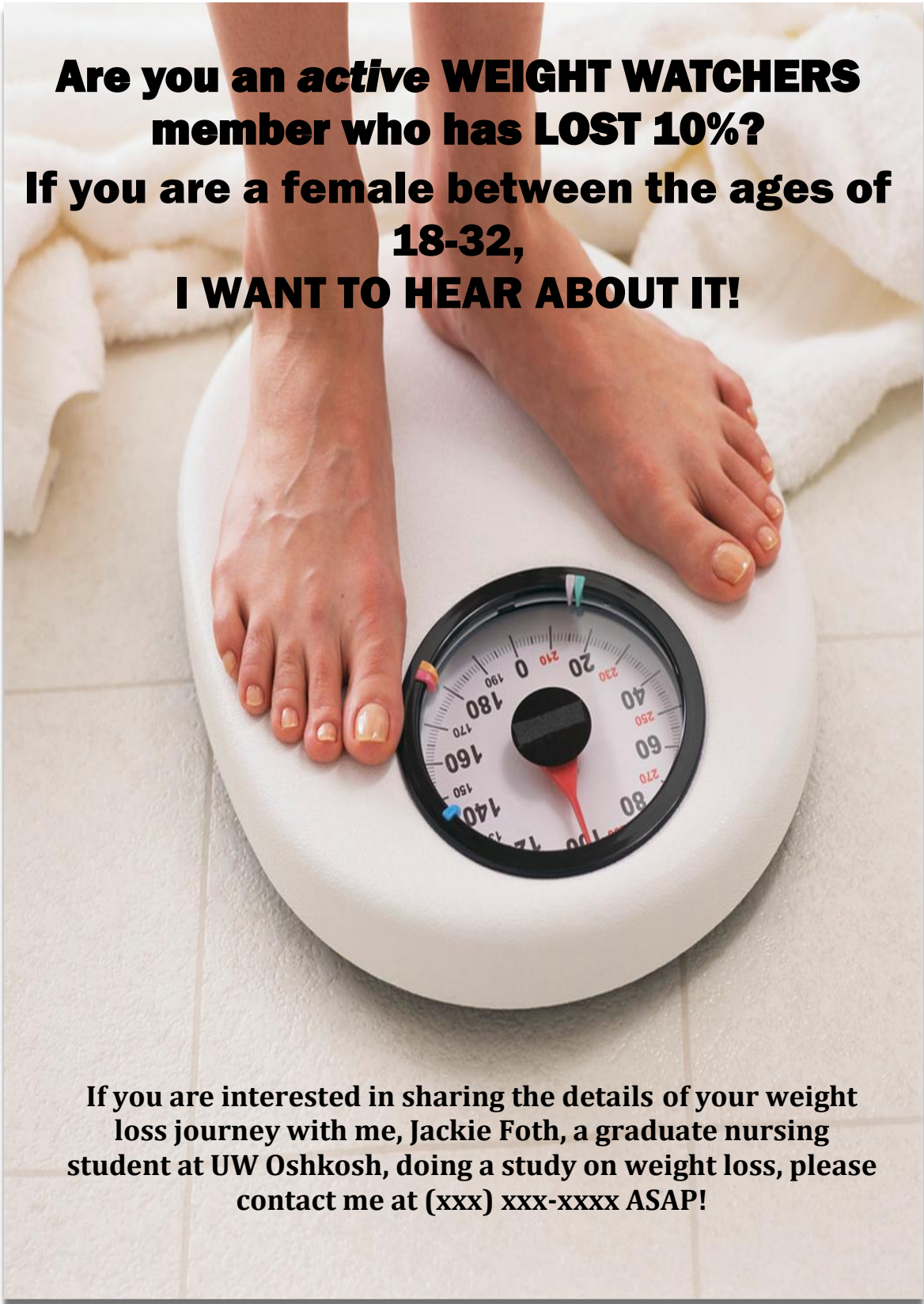
10. **Is your healthcare provider a Nurse Practitioner (NP), or Medical Doctor (MD)?**

NP MD

11. **What kinds of health promoting behaviors do you do? (examples include exercising, eating at home instead of fast food, etc.)**

APPENDIX C

Participant Recruitment Flyer



**Are you an active WEIGHT WATCHERS
member who has LOST 10%?
If you are a female between the ages of
18-32,
I WANT TO HEAR ABOUT IT!**

**If you are interested in sharing the details of your weight
loss journey with me, Jackie Foth, a graduate nursing
student at UW Oshkosh, doing a study on weight loss, please
contact me at (xxx) xxx-xxxx ASAP!**

APPENDIX D
Informed Consent

Informed Consent

This informed consent form is for Weight Watchers members in the local community, for the research, titled “The Process of Deciding to Lose Weight: A Qualitative Study of Young Women”. The name of the investigator is Jacklyn M. Foth, RN, BSN, graduate nursing student pursuing a Master of Science in Nursing degree with an emphasis in the Family Nurse Practitioner track. The name of the institution is the University of Wisconsin- Oshkosh (UWO). The chairperson for the study is Dr. Jaya Jambunathan, RN, PhD, who will oversee all research. This is a research study that will be conducted with the sole purpose of exploring the process of deciding to lose weight.

1. I understand that I am being asked to participate in the above mentioned research study. My participation is completely voluntary. If I choose not to participate, no action will be taken against me. I have the right to discontinue my participation in the study at any point in time. If I agree to participate, I will be interviewed one time, for approximately one hour at a quiet location of my choosing, by Jacklyn Foth. The interview will be tape recorded, then transcribed by an affiliate of UWO and destroyed after transcription. No identifying information will be on the transcript.
2. There are no known or anticipated risks to participating in this study. If I sustain injuries, either physical or psychological, while participating in this study, I will not be compensated.
3. Benefits of this study include a deeper, richer understanding of the process young women go through to lose weight. I understand that I will have access to the final results of this study, and can obtain these results by contacting Jacklyn Foth directly by telephone.
4. To participate, I understand that I must be between the ages of 18 to 32 years, a current active member in the Weight Watchers program, female, have achieved my 10% weight loss goal, speak English, and be willing to discuss my experience of deciding to lose weight with the above mentioned researcher.
5. I understand that all study data will be kept confidential. However, this information will be used in publications and presentations.
6. This study has been explained to me. I have read and understand this consent form, all of my questions have been answered, and I agree to participate. I understand that I will be given a copy of this signed consent form.
7. Jacklyn Foth may be contacted any time for any reason regarding this study by telephone at #, or email at fothj81@uwosh.edu.
8. If you have any complaints about your treatment as a participant in this study, please call or write Linda Freed, Director of the Office of Grants and Faculty Development at:

UW Oshkosh
Office of Grants and Faculty Development
Faculty Development Center

Dempsey 214
800 Algoma Blvd.
Oshkosh, WI 54901-8601
Phone: 920-424-3215
Fax: 920-424-3221

9. Signatures:

Signature of participant

Date _____ / _____ / 2009

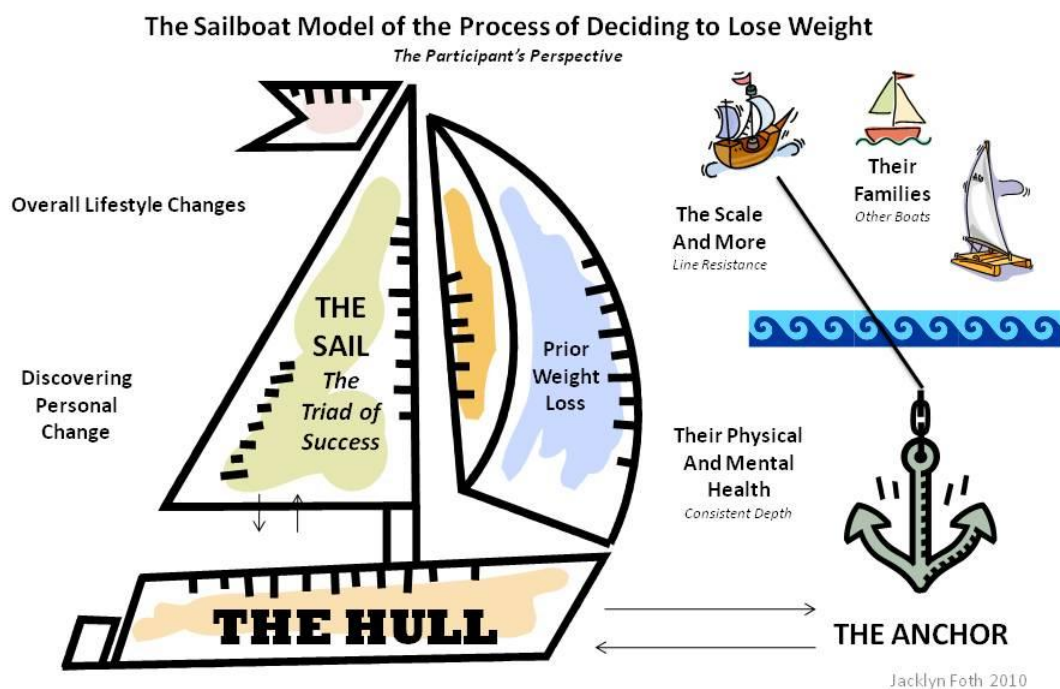
Signature of investigator:

Date _____ / _____ / 2009

APPENDIX E

The Sailboat Model of the Process of Deciding to Lose Weight:

The Participant's Perspective



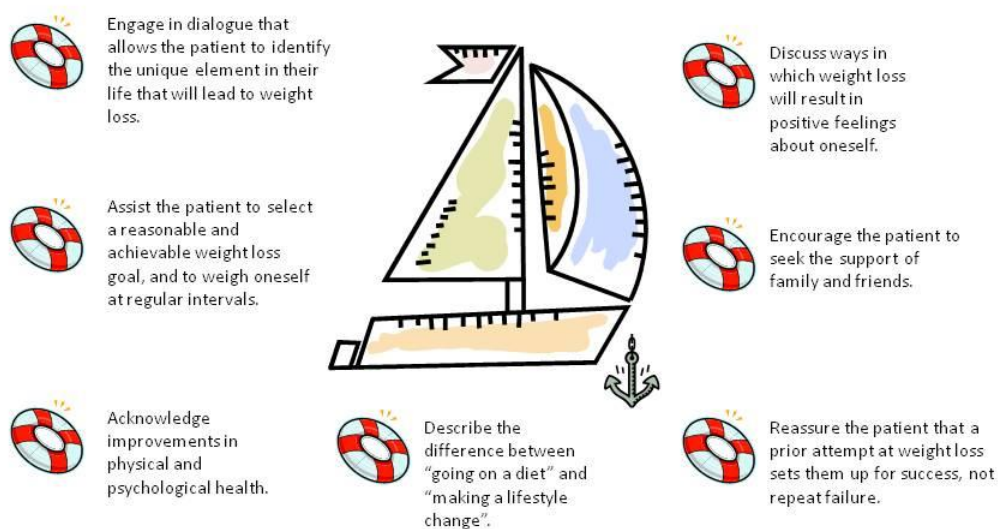
APPENDIX F

The Sailboat Model of the Process of Deciding to Lose Weight:

The Practice Perspective

The Sailboat Model of the Process of Deciding to Lose Weight

The Practice Perspective



How Advanced Practice Nurses can help patients decide to lose weight

APPENDIX G

Audit Trail

AUDIT TRAIL

My research project started in the summer of 2009. I chose the topic of weight loss in young women, as this has been my area of passion for about 10 years. My primary passion comes from personal experience, with my weight loss battle beginning at age 19. Since then, I have read several diet books, the first being Dr. Atkins New Diet Revolution which I read cover to cover in a matter of days. This was the first encounter I had really experienced that led to my fascination of the human body - to lose weight by an alternate method of metabolism. I was floored. I also read countless other books, not always cover to cover of course, including: The South Beach Diet, by Arthur Agatston; The Ultimate Weight Loss Solution, by Dr. Phil McGraw; Eating Thin for Life, by Anne Fletcher; Making Peace With Food, by Susan Kano; Skinny Bitch, by Rory Freedman and Kim Barnouin; Stop Stuffing Yourself, by Weight Watchers; Curves, by Gary Heavin; The Secret is Out, by Bradley MacDonald; and most recently, The Mayo Clinic Diet, by the Mayo Foundation for Medical Education and Research. I had perused many other articles in magazines, as well as reading chapters in medical and nursing textbooks about weight and nutrition. I searched the internet looking up any new fad diets or weight loss drugs. My searches were twofold: to learn about what was out there; and many times, to try the diets and remedies myself. I had attempted to lose weight many different ways, some more healthful than others.

My first serious attempt at weight loss was in the summer of 2000 when I tried the Atkins diet. I lost about 15 pounds, but ultimately gained it back, as well as about 20

additional pounds when I returned to college. In the summer of 2001, I joined Weight Watchers with my mother and was very successful. I lost about 30 pounds and began running. I was a size 8 and could run 6 miles. I felt great. I maintained that for quite some time, but after a few years of continuous battle with my weight, I put it all back on. I do not remember the exact point when I gave up, but it did come. Since then, I again have tried numerous diets, and have spent more time than I wish to admit obsessing about my weight, but not taking action. I have lost and gained the same 5-10 pounds countless times. I find myself now in graduate school at the highest weight I have ever maintained, writing a paper about weight loss- ironic.

To guide me through the research process, I chose to work with a chairperson I considered one of the most rigorous professors- a piece of my perfectionism in action. One of her criteria was that after my research was completed, I was to pursue publication in a nursing journal. To me, this was an awesome prospect. She also shared my interest in weight loss. I asked her to be my chairperson, and was much honored when she accepted and gave me a hug. I am still not sure if she realized she had made my day.

Throughout my final two semesters, I continued to work with Dr. Jambunathan on a regular basis, revising my completed chapters, receiving IRB approval, conducting interviews, and overcoming roadblocks. I had hoped to hang fliers at local Weight Watchers meetings to recruit participants for my study, but unfortunately, Weight Watchers headquarters turned me down, citing their no solicitation policy.

I began data collection in November 2009. So that the events surrounding each of the interviews would not fade, I recorded the details of each interview shortly after it was completed.

Participant One

I conducted my first interview with a casual acquaintance recruited via Facebook. Participant one requested that I conduct her interview at her home. I arrived around 6:00 pm and she was alone. We sat at her kitchen table and engaged in casual conversation for about 15 minutes. She told me about her new boyfriend and her job. Next I showed her a copy of my abstract and explained my study. I decided it was important for me to emphasize to her- and all further participants- that the focus of the study was on the decision to lose weight and the process of making the decision, not to be confused with the actual process of losing the weight. I obtained informed consent, and had her complete my demographic questionnaire. I then began the interview. I used a digital voice recorder which I set on the table. She initially didn't seem nervous, but became more so once I started recording. I began with the question "Tell me how you decided to lose weight?" and she talked for a few minutes. This threw me off a bit as I was expecting her to talk longer. It was harder for me to ask follow up questions than I had expected. I knew I did not want to lead her in any direction, but that was harder than I had anticipated. I did my best and felt very good about the data I had collected. The interview was about 35 minutes. There was one unexpected interruption of her parents returning home ahead of schedule, but after a minute or two of commotion, we were back

on track. Two things I learned during this first interview were that 35 minutes was much too long as I would be transcribing the interviews myself, that the quality of the voice recording was excellent and that I no longer had to be concerned with it. I asked her to refer me to anyone else who may be interested in helping me, and her referral became participant number two.

Participant Two

This interview took place in the beginning of December. Participant two requested that I meet her at a coffee shop near her place of employment during her lunch break. I was somewhat hesitant about the noise and distractions I anticipated in a coffee shop during the noon hours. I suggested that we meet somewhere else, but she did not respond to that offer. Fearing I may lose her participation, I responded again and said that the coffee shop would be fine. She immediately set up a date and time with me, and I met her as planned. Since we had never met before, we were both somewhat uncomfortable. We chatted very briefly, and I then went through the process of explaining my study, obtaining informed consent, and completion of the demographic questionnaire. The interview was completed without any distractions and it lasted about 15 minutes. She was able to go through her process very quickly with me, and the interview was over simply because she had no further information to add. I thanked her of course, and asked her for any new referrals. I transcribed the interview immediately when I came home, and was delighted to hear excellent voice quality despite much background noise.

Participant Three

Participant number three responded to a post I put on Facebook looking for participants. I had worked with her at a hospital in the past, but had not actually seen or spoke with her in several years. We met at a local restaurant per her request. I felt better about meeting in a public place this time since I knew that the voice quality would be fine. We ate lunch, reminisced about past times, and caught up on what was new for each of us. After our meal, I showed her my abstract and explained my study. I obtained informed consent, and asked her to complete the demographic questionnaire. I began the interview. She did not seem nervous at all, and spoke very freely about her decision to lose weight. This time, I found it easier to ask follow up questions to her statements. The interview took about 15 minutes. I thanked her and again asked for any referrals. A woman she worked with contacted me initially, but unfortunately did not meet the study criteria. She did, however, give me the email address of her daughter who would become participant number five.

Participant Four

Participant number four was recruited in an interesting way. While I was at a local coffee shop working on my research, I began chatting with a female who was also working on a paper. I was telling her about my study, and she said she had a friend who fit the criteria. She called her friend right there and put me on the phone with her. We set up the interview for a few days later. The participant preferred that I come to her home. I arrived at her home as planned, and she didn't seem too nervous or shy. She was home

alone, and we sat at the kitchen table. We engaged in casual conversation for a few minutes. I then showed her my abstract and explained the study, obtained informed consent, and asked her to complete the demographic questionnaire. The interview went well, and she seemed to speak freely and honestly. The interview lasted about 15 minutes. I asked for referrals and thanked her for her time.

Participant Five

I contacted participant number five by email as per the recommendation of her mother. We met at a local coffee shop per her request, and thankfully it was not too crowded. We chatted for only a minute or two before I explained my study, obtained informed consent, and asked her to complete the demographic questionnaire. I started the interview, and immediately she began to describe her very unique weight loss journey. Heartfelt, and often tearful, she told me how she had become pregnant with twins, experienced a complicated pregnancy, lost one of her sons in-utero, and subsequently gained 75 pounds. She hit a maximum weight of 324 pounds, and has now lost over 120 pounds. She became tearful several times during the interview, but thanked me! She said that during the holidays, she was not able to attend any Weight Watcher's meetings and it was really helpful for her to talk about this with me. She said she would also love to see my results at the completion of the study. I thanked her for her time.

While I had hoped to obtain more participants for my study, I ultimately settled for five since I had received no further leads from snowball sampling, or any phone calls from my fliers in the community. Upon completion of my last interview, I finished

transcription of all five interviews myself, and began to see themes emerge immediately. I ultimately chose the metaphor of a sailboat as I imagined a design that demonstrated strength (the hull), movement (the sail), and stability (the anchor). From there, my categories and subcategories emerged.

Since my study was small, it would be a great opportunity for a future researcher to replicate it. While I have seen other published studies discussing WW, I was absolutely not able to get any sort of permission to “solicit” meetings or work with the organization. My recommendation, therefore, would be to replicate this study using individuals who have simply lost 10% of their body weight by any self-reported means. Another option would be to seek participants or collaboration from a local weight loss center where permission to interview people could be granted from a single manager rather than a central headquarters.

In the case that a future researcher is reading this and considering replication of my study, I would love to assist with the research, and would encourage you to contact me.

Jacklyn M. Foth, RN, BSN

May 2010

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