The motivation and opportunities for weight loss related to the everyday life of people with obesity - A qualitative analysis within the DO:IT study

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Abstract

**Background:** Unsuccessful weight loss or weight loss maintenance is due to different barriers and physical limitations related to participation in everyday life. It will therefore be relevant to investigate the field from an occupational therapy perspective, since occupational therapists are uniquely trained in focusing on people’s resources, meaningfulness and participation in everyday life.

**Aim:** The aim was to explore what motivates people to lose weight from an OT perspective and which opportunities people with obesity experience in their everyday lives to achieve and maintain lost weight.

**Material and Methods:** A descriptive phenomenological study including 21 semi-structured individual interviews was conducted as part of the DO:IT study.

**Results:** The data analysis led to the identification of three main themes: The influence of external circumstances on desire for weight loss; use of time in everyday life; and changes in habits, routines and structure.

**Conclusion:** People who are overweight or obese are motivated to lose weight because of health issues and feeling more comfortable with their body. The opportunities for weight loss lie in creating habits, routines and structuring everyday life activities to facilitate a healthier lifestyle.

**Significance:** The findings indicate that an occupational therapist should be part of weight loss interventions.

**Keywords:** Occupational therapy; lifestyle changes; habits; overweight; the DO:IT study
Background
Worldwide, people who are overweight or obese with a body mass index (BMI) ≥25 is becoming an increasing public health problem and the prevalence of people with BMI ≥25 has almost tripled since 1975 (1). In Denmark, 51% of the population is overweight or obese (2).

Obesity is associated with health consequences, such as cardiovascular diseases, several types of cancer and diabetes mellitus (3,4). Recently, World Health Organization has acknowledged obesity as a chronic disease (5). People who are obese experience lower quality of life because of different psychosocial barriers and physical limitations when participating in their everyday life (6,7). Everyday activities such as buying clothes, walking up or down stairs, going for a swim and dressing the lower body are more difficult for people living with obesity compared to people with a normal BMI (6,7,8). Obese people experience their obesity as a barrier to physical activity, because they are feeling ‘too fat’ (9) or they have medical conditions that limit their ability to participate in physical activity (10). Evidence shows that people who are obese experience a significantly higher degree of disability in activities such as exercising outside the home compared to people with a normal weight (10). Just like joining a social club, planning a vacation or looking for employment is limiting for people with obesity (6). There is strong evidence that lifestyle interventions, which last up till six months and include a combination of dietary changes, increased physical activity and behavioural changes, result in significant weight loss (11,12,13). The combination of the three components is one of the most efficient and well-documented strategies for weight reduction (13,14). However, sustaining weight loss is still a challenge (12,15). People who are overweight or obese can experience different barriers relating to sustaining lost weight, such as lack of motivation. Lack of motivation is related to several factors both physical and psychosocial (4). Poor success at weight loss can result in feeling demoralized and decreased physical activity (12). This suggests that the link between physical activity and health may not be well understood among adults with obesity (4). Psychosocially a feeling of low self-efficacy and/or lack of time can also be a barrier, whether it is lack of time, poor time management, difficulties with organising their everyday activities or a feeling of having surplus to handle the changes. Finding balance among work and family routines, and still devoting time to increasing health and participating in physical activity seems difficult for people with obesity (12).

Clinical guidelines for the Detection and treatment of obesity describes that one of the key messages is to understand people with obesity’s experience with being overweight and their motivation for a lifestyle change (16,17). According to the clinical guidelines, use of participants’
reported outcome measures (PROM’s) have a positive effect on the relation between clients and clinicians, which increases the satisfaction with the treatment (18). Furthermore, clinical guidelines recommend that clarification of what motivates people to lose weight should be done in collaboration with the clients. It may be appropriate to point out positive health effects of weight loss, but the crucial point is what the patient emphasises themselves (14,19). A quantitative content analysis of content and which health professionals conducting the weight loss programmes in Danish municipalities showed that the once conducting the programmes was mostly dietitians and the content focused on diet and exercise (20). A more holistic vision for obesity interventions is becoming more understood, and occupational therapy (OT) could take a leading role as participation in meaningful activities could be the first step to a holistic obesity management (21). ‘DO: IT (Danish Obesity Intervention Trial), development and implementation of an occupational therapy weight loss intervention’, was created from these ideas and developed on the basis of evidence-based practice and MRC guidelines on complex interventions (22). DO:IT is still in the development phase and the present study is part of that process.

Research has shown that unsuccessful weight loss is due to several barriers and physical limitations related to participation in everyday life and lack of motivation to lose weight (12). Thus, it will be relevant to investigate the field from an OT perspective, since occupational therapists are uniquely trained in focusing on people’s resources, meaningfulness and participation in everyday life (23). The aim of this study was to explore what motivates people to lose weight from an OT perspective and which opportunities people with obesity experience in their everyday lives to achieve and sustain lost weight.

**Methods**

A descriptive phenomenological study was carried out to explore how people with obesity experience ‘motivation and opportunities for weight loss in everyday life’. Understanding the world from a phenomenology perspective gives knowledge in social phenomena by a description of the world from the view of the participants, or the *lifeworld* of the participants. In the meeting between the interviewer and the participants a common understanding of reality occurs (24). We followed a heterogenic strategy to understand the motivation for weight loss from different perspectives. We did so by contacting several municipalities and by inviting people of all ages, different educational levels and both genders. The heterogenic strategy was successful as the participants came from different places in Denmark. A disadvantage in the study is that a larger
number of the participants were women and pensioners, which might have affected the broad perspective. There is also a risk that the included participants were those who did not mind talking about their experiences in everyday life as an overweight or obese individual. Therefore, the participants in the present study might not represent the experiences of all people with overweight or obesity problems.

**Participants**

To be included in the study, the participants had to be 18+ of age and a BMI over 25. We wanted a broad perspective on the participants’ everyday life and wished to include both participants who had taken a step to lose weight and participants who were in an earlier state of mind. The participants were thus recruited in two different ways.

The participants who had taken a step to lose weight were recruited from waiting lists for weight loss interventions offered by four different municipalities in Denmark (Odense, Svendborg, Vordingborg and Slagelse). Each municipality had just one health centre, which the participants were recruited from. The participants were contacted by phone by health professionals from the four municipalities. Before contacting the participants, the health professionals were sent a description of the project to be used in the recruiting process. Participants wanting to join the project gave verbal consent to the health professional to being contacted by the first author.

The participants who were not on a waiting list but thought about losing weight but had not taken any steps to change their lifestyle were recruited through a Facebook post. After contacting the first author, the participants got an invitation with the inclusion criteria for participation and information about the project. From both recruitment groups, a total of 26 participants were found eligible. Five participants dropped out two because of personal circumstances as one lost a parent and the second had to give birth. Three participants did not respond to calls. That was leaving 21 participants to be included in the study. The 21 participants were between the ages of 19 and 70 (Male = 7, Female = 14).

**Data Collections**

In-depth interviews were conducted using a semi-structured interview guide inspired by the phenomenological approach and developed by SS and JRC. Each interview began with the key opening question ‘Please describe a normal day’. The interview guide facilitated further conversation about lifestyle, routines in everyday life, motivation and opportunities to lose weight.
The question for lifestyle was for example ‘How would the ideal everyday life be, if you were to achieve a weight loss? Two other questions regarding motivations and opportunities were ‘What would you like to do more often in your everyday life?’ And ‘What would you like to do less in your everyday life than you do today?’ The interview guide was pilot tested with two participants who found the questions clear and easy to answer, thus no changes in the interview guide were made. The two test interviews were therefore included in the data. Each interview began with both written and verbal information about the project, and the participants were given time to read the written information. Afterwards, the participants were verbally informed about their anonymity, and written consent was given. In addition, the participants were made aware that they did not have to answer any questions they felt uncomfortable answering and could withdraw their consent and leave the study at any time. The interviews were conducted between 28 February and 14 March 2018. The first author conducted all the interviews, which took place at the participant’s home or at the health centres in the municipalities according to the choice of the participants. All interviews were recorded on a dictaphone and lasted between 26 minutes and 1 hour and 20 minutes (average time 45 minutes).

Data Analysis
The analysis was based on Malterud’s four-step systematic text condensation (25). The first step consisted of reading all the transcripts to find overall themes that originating from the transcripts. This step gave an overall impression of the interviews by finding themes across the interviews. Some of the first themes was ‘Diet and exercise’, ‘Socializing’ and ‘Motivation vs. lack of motivation’. The second step consisted of identifying meaningful units. Meaningful units should be understood as quotes from the interviews that relate to themes from step 1. An overview of the material was made to identify the meaningful units. Meaningful units were coded under the themes from the first step (25). New and broader codes arose to cover the meaningful units. The third step consisted of condensing the new material. Each code was divided into subgroups consisting of meaningful units, which were then condensed by summarising the overall content of each subgroup. These texts were rewritten to the first-person narrator. The fourth step consisted of writing a summary. Here, an analytical text was written in the third person for each code and subgroup. The third-person form was used to avoid interpretations of the statements from the authors. The analytical text represents the results of the study.

The first author conducted the analysis and discussed the themes with the second (CJW) and
last author (JRC). In the case of disagreements, the material was discussed and examined to ensure agreement. This discussion supported the process of keeping the pre-understanding in brackets according to the phenomenological approach. Re-contextualisation was made in the end to make sure that the analytical text represented the voices of the informants. A native English scientific writer translated the quotations in the present study from Danish to English.

**Results**

The study included 21 overweight or obese participants (12 participants from the waiting lists with a BMI +30 and nine participants from the Facebook post with BMI +25). Table 1 shows the information about the participants.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sex</th>
<th>Age (years)</th>
<th>Employment</th>
<th>Demographic</th>
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<tbody>
<tr>
<td>1</td>
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<td>19</td>
<td>Student</td>
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<tr>
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<td>4</td>
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<td>7</td>
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<td>68</td>
<td>Pensioner, voluntarist</td>
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<td>57</td>
<td>Early retirement</td>
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<td>9</td>
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The study found that there was a difference in how the participants perceived their everyday lives. Those who studied or worked experienced having too little time in their everyday life and therefore
felt unable to achieve or maintain a weight loss. On the other hand, those who were pensioners or unemployed experienced having too much time and because of this situation felt unable to achieve or maintain a weight loss.

The data analysis led to the identification of three main themes: 1) *Condition for activity of weight loss*, 2) *Use of time structuring everyday activities* and 3) *Changes in habits, routines and structure for activities*.

**Condition for activity of weight loss**

All the participants expressed that they needed changes in relation to weight loss to enable meaningful activities in their everyday life. Most of the participants expressed that they were motivated for weight loss. Two of the participants did not think that they needed weight loss right away and were not ready because of personal circumstances, but they knew what specifically motivated them to lose weight e.g. their health. Different circumstances made the participants lose weight. One participant had a leg prosthesis which fit poorly, and therefore she experienced limitations in everyday life, which motivated her to lose weight. Other participants wanted to feel more comfortable in the clothes they wore, just as they would like to wear swimwear during the summer without feeling ashamed. Several of the participants wanted to be more consistent about how they saw themselves and how they felt.

‘Well, I do not say to myself that you have the weight you have and that is it. I always have in mind that someday I will look different.’

Another participant with a job requiring good physical condition was motivated to lose weight because he had to be able to manage his job to support his family.

‘It is because I want to keep my job, which then again is a necessity for me to protect and take care of my family. So that’s it.’

Furthermore, several participants expressed that health issues were the key motivating factor for starting weight loss intervention and trying to maintain lost weight. Many of the participants already had diseases like osteoarthritis of the hips, knees and back, high cholesterol and high blood pressure related to their obesity and were therefore motivated to lose weight so that their diseases would not worsen.

‘It is primarily my physical condition. With my osteoarthritis. That I should get better.’
Other participants were motivated by the known health risks associated with being obese. Several of the participants had the knowledge that lifestyle diseases relate to obesity and the risk of developing these lifestyle diseases was what motivated them to try to lose weight.

‘It is probably just my health and all my friends who say that now something has to happen, because otherwise I’ll end up getting a lot of lifestyle diseases. I do not want that.’

Even though most of the participants explained their motivation for weight loss, a few participants still did not think it was important to lose weight at the moment, but if they were to lose weight it would still be their health that motivated them.

**Use of time structuring everyday activities**

The participants expressed that they needed to make better use of their time in their everyday life, if they were to achieve and maintain weight loss. The participants all believed that their ability to achieve weight loss lay in how they planned and used their time. Some of the participants experienced a general time pressure, which made it difficult to do physical exercise and eat healthier in their everyday life.

‘No, I don’t usually do that because of school (...) it is often 6-7 hours. Some days only 4 hours, but then there is another pressure because of assignments and studying.’

A couple of the participants described how it was not actually a lack of time to do physical exercise and eat healthy but more about a lack of surplus energy after school or work.

Other participants experienced that they did have enough time, but that they were unable to find the energy to do something about it.

‘Well, I have plenty of time. I can only get started, you could say. It is just hard to get going.’

It was common for the participants who worked or studied to feel tired and a lack of energy when they came home. Other participants said that they were spending all day at home because of unemployment. They felt tired and a lack of energy due to lack of structure and routine in relation to having spent time on e.g. exercise and healthy routines. All the participants stated that they preferred to spend their time relaxing and not trying to do something about their weight problems.

**Changes in habits, routines and structure for activities**
All the participants expressed that they needed to focus on habits, structure and routines if they were to achieve weight loss. All the participants had unsuccessfully tried to lose weight before e.g. with meal replacements, slimming products, weight loss programmes etc. However, the participants all believed that lifestyle changes were the only way to maintain weight loss in the long term.

‘I think a lot of it is about habits, because there are a lot of habits when I look at my day and what I do about things, so there are a lot of habits that need to be redone to reach that path and I think it is completely unrealistic to do it all at once.’

Eleven of the participants emphasised that weight loss intervention with extensive demands regarding structure and routines in daily life was unrealistic for them. Two of the participants had experienced that too many routines and restrictions in their everyday life made it impossible to sustain weight loss when the intervention was successfully completed. The participants needed new habits that would be possible to maintain after a weight loss intervention.

‘Last time I lost weight, I cut out a lot of things, but I can’t find any of the good habits anymore. Therefore, it has simply been too restrictive.’

The other half of the participants experienced structure and routine as a key factor for maintaining lost weight. The participants believed that a structured routine made it easier to change habits and maintain their motivation.

‘But it’s a routine. Yes, I think that it is the only way to lose weight.’

All the participants focused on one or two habits or routines regarding their diet and physical exercise: a generally healthier diet, counting calories and/or the amount of physical exercise in their everyday life. Several of the participants wanted to focus more on physical exercise since they had previously participated in sport activities.

‘I would like to do more [sports] because I spend a lot of my time doing absolutely nothing.’

Several participants did not believe that lack of physical exercise had caused their overweight problems. They believed that their diet was the cause and therefore wanted to focus on their eating behaviour, generally eating healthier including a lesser intake of sugar on daily basis.

‘Well, it’s thinking about what you eat and put in your mouth, nothing else. It is just a question of if you want to.’

All participants agreed that they had to be more restrictive with their diet. Some participants thought that having a meal box brought to the house could facilitate weight loss. Then, they would not buy
unhealthy things while shopping. Several of the participants created rules for themselves about only eating unhealthy during weekends.

Discussion
The participants who were overweight or obese had both motivation and opportunities for losing weight. The data analysis led to the identification of three main themes: 1) *Condition for activity of weight loss*, where the participants were motivated by e.g. their health, such as already known diseases, or feeling comfortable in the clothes they wore. 2) *Use of time structuring everyday activities*, where the participants stated that they needed to make better use of their time and 3) *Changes in habits, routines and structure for activities* as the participants felt a need for structuring their everyday life to create new habits and routines to support lifestyle changes.

*Conditions for the activity of weight loss*
People who are overweight or obese have health issues like high cholesterol and blood pressure, diabetes and limitations in physical activities (3,4,10). Research has shown that fear of pain and discomfort related to physical exercise is the prominent barrier to a lifestyle change (12). As a consequence, health benefits are necessarily a motivator for lifestyle change (12). However, the present study shows that the participants with diseases related to obesity are motivated to lose weight and change lifestyle to prevent e.g. high cholesterol or blood pressure, osteoarthritis of the hips, knees etc. from occurring or worsening. The study shows that being able to feel comfortable with one’s body and what they wear is also a motivation for losing weight and changing lifestyle. Likewise, a study had found that overweight or obese people felt uncomfortable when they bought clothes because of personal affective components (26).

Further, Nossum et al. found that a barrier for obese people is performing work-related activities (26), and another study found that obese people are more restrictive in their choices of participation e.g. when looking for employment or volunteer work (6). In the present study, one of the participants stated that he needed to change lifestyle to be able to keep his job to support his family. Another study showed that external circumstances such as work, shopping and health motivated the participants to lose weight, but if the motivation was not internal, it was not possible to achieve and maintain weight loss (26,27). A few of the participants in the present study were not motivated for weight loss at the moment. This might be because they were satisfied with their participation in their everyday life activities.
The results indicate that Occupational therapists can help people with obesity or overweight based on knowledge of doing, being and becoming. Here is one of the most important things Doing and being. Doing is important in human life as doing or not doing is important for well-being or development of diseases. People ‘do’ daily tasks including things they feel they are doing the most, or things they want to do (28). Research has shown that people in paid employment are expected to do too much and that health breakdowns from this cause are increasing (28). It can be seen in the participants who are employed or students. They do not experience having enough time to take care of their own health including their overweight. Being can be seen as the motivation for the participants to change in their daily activities to achieve a weight loss. It seems that the participants did not find a balance between time in activity and the motivation for weight loss. Occupational therapists could play an important role in supporting people with obesity in finding this balance by working with becoming. Becoming is about being a sense of future and becoming is dependent on what people do (28). According to Wilcock (1999) occupational therapists can help people to transform their lives by facilitating abilities that are not yet in full use through enabling them to do and to be (28).

*Use of time structuring everyday activities*

Previous research has shown that lack of time and finding balance between work and family routines, while devoting time to increasing health and physical activity, is a key barrier to losing weight (12). The present study shows that time was a significant issue for the participants. To lose weight, the participants had to manage their time better while not having enough time or even having too much time to engage in lifestyle changes. The ability to achieve weight loss can thus lie in how people with obesity plan and use their time and energy in everyday life. According to Burgess et. al. it is generally difficult to devote time to health and physical activity for people with obesity (12). The present study finds that several participants find it difficult to find time to live healthy when school, work and family life require a lot of their time. According to Matuska & Christensen (2011), organisation of time and energy influences all aspects of occupational patterns in everyday life (29). Furthermore, a study found that people with obesity spent almost three times as much on daily activities and less time in work activities (30). Having too much time with boredom and inactivity has been related to lower levels of mental health and life satisfaction (29,31). The participants in the present study are motivated to manage their time better, to lose weight and live healthier. A balanced lifestyle is satisfaction between desired and actual use of time.
Therefore, occupational therapists need to support people with obesity with techniques to stabilise their occupational balance (30).

Occupational therapists work with time structuring from the concept ‘occupational balance’. It is about balance between work, play, rest and sleep. It is also a how to balance your lifestyle (32). When the participants in the present study find it difficult to manage their time to achieve a weight loss, it will be relevant for OTs to work with the participants occupational balance in their everyday life.

**Changes in habits, routines, and structure of activities**

Obesity affects daily routines and structure (6). The present study found that habits, routines and structure needed to change to achieve and maintain weight loss. Previous research has shown that implementing regular meals and healthier routines are difficult for people with obesity (26). It is thus important that people with obesity have the necessary knowledge about changing habits and routines (33). According to Brownell et al. (2010), it is only when people with obesity have ‘installed a new set of habits and attitudes’ that they have a chance for sustaining weight loss in the long-term (11). Occupational therapists may be able to implement healthier habits for people with obesity, because weight loss interventions should be focused on the enjoyment of activity and not only focused on the negative health problems from being obese (29,34). Occupational therapy is about enabling participation in meaningful activities of the participants’ own choice (34).

The participants in the present study described that they had to be more restrictive with regard to their eating and exercise habits. A lack of physical exercise could be due to lack of interest in sports or lack of habits and routines. A study has shown that lack of enjoyment in physical activity may be associated with life-long habits and barriers such a pain or poor health (12). A more physically engaging lifestyle should be created within a client-centred perspective for people with obesity (4). A study demonstrated that occupational therapists are qualified to help obese people, because occupational therapists can create meaningful and effective physical activity interventions that facilitate participation by modifying daily life habits, roles and patterns (21). These interventions could be developed with inspiration from the Lifestyle Redesign Program (35). The Lifestyle Redesign Program has shown a beneficial effect on physical and mental health as well as on changing lifestyle and routines (35).

Another relevant way occupational therapist can work with habits, routines and structure is from the knowledge of ‘The Model of Human Occupation’. The model looks at humans will, habits
and exercise capacity. The will is motivation for activity - the will is also referred to as the sense of ability, values and interest (36). Habits is referred to the process of organizing activities into patterns and/or routines – habits are all the things people do semi-automatically in daily life. The exercise capacity is about the physical and mental abilities underlying a person’s activity (36). It is thus relevant to work with the participants will and habits, if to succeed an integration of new and healthier habits and routines.

Methodological discussion

We followed a heterogenic strategy to understand the motivation for weight loss from different perspectives. We did so by contacting several municipalities and by inviting people of all ages, different educational levels and both genders. The heterogenic strategy was successful as the participants came from different places in Denmark. A disadvantage in the study was that a large number of the participants were women and pensioners, which might have affected the broad perspective. There is also a risk that the included participants were those who did not mind talking about their experiences in everyday life as an overweight or obese individual. Therefore, the participants in the present study might not represent the experiences of all people with overweight or obesity problems.

The first author contacted the health professional to ask them find participants for the study. There could thus be a risk of misinformation to the participants from the health professionals, because the purpose of the study could be understood differently than intended.

Conclusion

The results of the present study demonstrate that people who are overweight or obese are motivated to lose weight because of health issues related to overweight and obesity and feeling more comfortable with their body. People with obesity need or want to use their time better to engage in a healthier lifestyle. The opportunities for weight loss lie in creating habits, routines and structuring daily life activities to facilitate a healthier lifestyle, as people who are overweight or obese already know about healthy diet and physical exercise. Thus, people who are overweight or obese might need effective interventions that facilitate healthy everyday activities, habits and routines.
Significance of findings for occupational therapy

This study indicates that occupational therapists should be part of weight loss interventions. The key competencies in occupational therapy are a client-centred approach and can assist people to organize and structure their activities in everyday life. The present study shows that habits, routines and structure in everyday life are central elements to achieving and maintaining weight loss. Thus, occupational therapy is an obvious interdisciplinary part of challenging the increasing obesity rate. E.g. because of the knowledge of habits and routines from med ‘Model of Human Occupation’. In addition, occupational therapists can help change personal behavior by implementing interventions based on an understanding of habits and principles of habit change (30). Key approaches to habit change are through implementation intentions and context changes. The key approaches are possible to integrate into current occupational therapeutic strategies including activity profiles, environmental changes, goal settings, and action plans (30). Occupational therapists can apply their knowledge of habit development and habit change in the context of their already existing ability in environmental change, to suggest context changes and thus support the development of client-identified habits (30).

Future research

Future research should examine the effect of occupational therapy as an interdisciplinary part of decreasing the prevalence of overweight and obesity and sustaining lost weight.

Conflict of interests

The authors report no conflicts of interests.

Acknowledgement

The authors are grateful to the participants for sharing their experiences.

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