

## Evaluation of Quality of Life in Obese Individuals in Terms of the Principle of Autonomy: An Example from Türkiye\*

### Obeziteli Bireylerde Yaşam Kalitesinin Özerklik İlkesi Açısından Değerlendirilmesi: Türkiye'den Bir Örnek

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#### ABSTRACT

**Aim:** In this study, it was aimed to investigate the effect of obesity on autonomy, principle of respect for autonomy (PRA) and quality of life (QOL), in other words, whether obese patients and non-obese individuals differ in terms of autonomy, PRA and QOL.

**Materyal Methods:** The data were collected from Nutrition and Diet polyclinics in public institutions and organizations in Eskişehir /Türkiye. 708 volunteers participated in the study, of which 354 were from the case group and 354 from the control group. A survey including questions about sociodemographic characteristics, autonomy and PRA, as well as Obesity and Weight Loss Quality of Life Scale (OWLQOL) were administered to the participants. In the evaluation of the data, descriptive analyzes were made, Kruskal Wallis H, Mann Whitney U, chi-square independence tests were used.

**Results:** A statistically significant difference was found between obesity and OWLQOL score in favor of the control group ( $p<0.001$ ). In terms of OWLQOL score, a statistically significant difference was found between the obese patients who stated that they could easily explain their opinions and thoughts or could not, in favor of those who could ( $p<0.001$ ).

**Conclusion:** It was found that; non-obese individuals have better quality of life; obesity does not affect patients' autonomy, feeling free and independent; negatively affects their autonomous choice, autonomy of action and autonomy of thought; positively affects their individual autonomy, autonomy of desire and adoption of PRA.

**Key Words:** Autonomy, Obese-specific quality of life, Obesity, Respect for autonomy, Türkiye

#### ÖZ

**Giriş:** Bu çalışmada obezitenin özerklik (Ö), ÖSİ (Özerkliğe Saygı İlkesi) ve YK (Yaşam Kalitesi) üzerindeki etkisi, başka bir ifade ile obez hastalar ile obez olmayan bireylerin özerklik, ÖSİ ve YK bakımından farklılaşp farklılaşmadığının araştırılması amaçlanmıştır.

**Gereç ve Yöntem:** Veriler Türkiye'nin bir ili olan Eskişehir'de kamu kurum ve kuruluşlarındaki Beslenme ve Diyet polikliniklerinden toplanmıştır. Çalışmaya 354'ü vaka, 354'ü kontrol grubundan olmak üzere 708 gönüllü katılmıştır. Katılımcılara sosyodemografik özelliklerin, özerklik ve ÖSİ'ne ilişkin soruların yer aldığı anket formu ve Obezlere Özgü Yaşam Kalitesi Ölçeği (OÖYKÖ) uygulanmıştır. Verilerin değerlendirilmesinde tanımlayıcı analizler yapılmış, Kruskal Wallis H, Mann Whitney U, ki-kare bağımsızlık testi kullanılmıştır.

**Bulgular:** Obezite ile OÖYKÖ skoru arasında istatistiksel olarak kontrol grubu lehine anlamlı farklılık bulunmuştur ( $p<0.001$ ). OÖYKÖ skoru açısından görüş ve düşüncelerini rahatlıkla açıklayabildiğini ve açıklayamadığını ifade eden obez hastalar arasında açıklayabilenler lehine istatistiksel olarak anlamlı farklılık bulunmuştur ( $p<0.001$ ).

**Sonuç:** Obez olmayan bireylerin daha iyi yaşam kalitesine sahip olduğu; obezitenin, hastaların özerk olmalarını, kendilerini özgür ve bağımsız hissetmelerini etkilemediği; özerk seçim yapmalarını, eylem özerkliklerini ve düşünce özerkliklerini olumsuz etkilediği; birey özerkliklerini, istek özerkliklerini ve ÖSİ'ni benimsemelerini olumlu etkilediği sonucuna varılmıştır.

**Anahtar Kelimeler:** Özerklik, Obezlere özgü yaşam kalitesi, Obezite, Özerkliğe saygı, Türkiye.

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## Introduction

Obesity, which is widely seen globally, is a chronic and progressive public health problem that concerns all age groups, negatively affects health in various aspects, is increasing in prevalence, and can be treated.<sup>1</sup>

The statement of the American Medical Association that obesity is a serious disease has highlighted the principle of autonomy and respect for autonomy among the principles of medical ethics in the treatment of obesity.<sup>2,3</sup>

Autonomy, which is defined as an individual's ability to do his/her behavior without seeking approval, away from social pressures and as he/she wants, is a value that should be respected and encouraged. Such a concept of autonomy highlights individual autonomy.<sup>4</sup>

Obese individuals should act autonomously in treatment.<sup>5</sup> Autonomy can be regained by treating obesity, which damages individual autonomy.<sup>6</sup>

Worsening of the quality of life (QOL), which is about bio-psychosocial functioning affecting obese individuals, is associated with obesity.<sup>7-9</sup>

Autonomy, closely related to competence and self-realization, maintains a tight bond with QOL. This link between QOL and autonomy stems from the fact that people themselves have the most accurate information about their QOL.<sup>10</sup>

Obesity can negatively impact individuals' physical, psychological, and social lives, leading to a diminished sense of autonomy. Within the context of the principle of respect for autonomy, it is essential to question whether the decisions of obese individuals are sufficiently respected in healthcare settings. Furthermore, understanding how obesity affects quality of life is a significant issue. This planned study will contribute to the development of fairer and less biased approaches in healthcare, providing valuable ethical and psychosocial contributions to the literature. In this study, it was aimed to investigate the effect of obesity on autonomy, principle of respect for autonomy (PRA) and quality of life (QOL), in other words, whether obese patients and non-obese individuals differ in terms of autonomy, PRA and QOL.

## Material and Methods

### Study design

The population of the cross-sectional, analytical and descriptive study consisted of obese individuals who applied to the Nutrition and Diet polyclinics of public institutions in Eskişehir in January, February and March 2018. The sample was calculated as 354, and a total of 708 volunteers, 354 in the case group and 354 in the control group, participated in the study, which was carried out between 01 August and 31 October 2018, after obtaining the necessary permissions.

The case group of the study consisted of obese individuals over the age of 18, who applied to the outpatient clinic for the first time, and had a BMI  $\geq 30.00$  kg/m<sup>2</sup>; the control group, on the other hand, consisted of individuals over the age of 18 who applied to the outpatient clinic for the first time, had  $18.50 \leq \text{BMI} \leq 24.99$  kg/m<sup>2</sup>, did not have obesity and received counseling due to other health problems.

### Data Collection Tools

A survey including questions about sociodemographic characteristics, autonomy and PRA, as well as Obesity and Weight Loss Quality of Life Scale (OWLQOL) were administered to the participants.

## Obesity and Weight Loss Quality of Life Scale

The Turkish validity and reliability of the scale, which was developed by Patrick et al. under the name of 'Obesity and Weight Loss Quality of Life' (OWLQOL) in 2004, was performed by Çıray Gündüzoğlu et al. in 2014.<sup>11,12</sup>

OWLQOL has a seven-point Likert-type answer key consisting of 17 items.<sup>11</sup> All scores are added together, 17 is subtracted from the obtained score, and the resulting value is divided by 102 and multiplied by 100. The resulting raw scores are converted into a standardized OWLQOL score between 0-100.

### Statistical analysis

The data obtained from the research were evaluated in SPSS 22.00 package program, at 95% confidence interval and at  $\alpha=0.05$  significance level. It was determined that the data for which descriptive analyzes such as frequency, percentage, mean and standard deviation were performed did not show a normal distribution. Accordingly, non-parametric Kruskal Wallis H and Mann Whitney U tests were used. Chi-square independence test was used to determine whether there was a significant difference between the research groups in terms of autonomy, PRA and OWLQOL questions.

### Ethics Committee Approval

The study was carried out in accordance with the Principles of the Declaration of Helsinki and informed consent was obtained from all participants. Ethical permission was obtained from the ESOGU Non-Interventional Clinical Research Ethics Committee on 05.06.2018 (Decision no: 2018-140).

### Findings

The distribution of the participants' sociodemographic characteristics is given in **Table 1**. The participants in the study (n=708) had an average age of  $41.48\pm 13.94$  years, with an average body weight of  $75.68\pm 20.00$  kg and a height of  $161.88\pm 9.56$  cm. The average body mass index (BMI) of the participants was calculated as  $28.93\pm 7.45$  kg/m<sup>2</sup>.

**Table 1.** Distribution of the sociodemographic characteristics of the participants

Sociodemographic characteristics		Case group Mean $\pm$ SD		Control group Mean $\pm$ SD		Total Mean $\pm$ SD	
Age (years)		43.71 $\pm$ 13.93		39.26 $\pm$ 13,60		41.48 $\pm$ 13.94	
Body Weight (kg)		89.45 $\pm$ 18.46		61.90 $\pm$ 8.92		75.68 $\pm$ 20.00	
Height (cm)		159.81 $\pm$ 8.72		163.94 $\pm$ 9.92		161.88 $\pm$ 9.56	
Body mass index (kg/m <sup>2</sup> )		34.93 $\pm$ 6.06		22.94 $\pm$ 1.54		28.93 $\pm$ 7.45	
Duration of the weight problem (years)		12.20 $\pm$ 11.06				12.20 $\pm$ 11.06	
		n	%	n	%	n	%
Gender	Female	315	88.98	294	83.05	609	86.02
	Male	39	11.02	60	16.95	99	13.98
Marital status	Married	257	72.60	153	42.22	410	57.91
	Single	49	13.84	147	41.53	196	27.68
	Divorced	22	6.22	31	9.75	53	7.49
	Spouse recently deceased	26	7.34	23	6.50	49	6.92
Number of children	None	60	16.95	156	44.07	216	30.51
	1	62	17.51	42	11.86	104	14.69
	2	161	45.48	90	25.42	251	35.45
	3	50	14.12	45	12.71	95	13.42
	4	15	4.24	17	4.80	32	4.52
	5 and above	6	1.70	4	1.14	10	1.41
Education level	Illiterate	4	1.13	7	1.97	11	1.55
	Literate	9	2.54	2	0.56	11	1.55
	Primary	125	35.31	42	11.86	167	23.59
	Secondary	38	10.73	55	15.54	93	13.14

	High school	109	30.79	170	48.02	279	39.41
	Undergraduate	22	6.21	22	6.21	44	6.21
	Graduate	38	10.73	48	13.56	86	12.15
	Postgraduate	9	2.56	8	2.28	17	2.40
<b>Work status</b>	Working	81	22.88	145	40.96	226	31.92
	Not working	273	77.12	209	59.04	482	68.08
<b>Monthly income (₺)</b>	1800 and below	137	38.70	177	50.00	314	44.35
	1801-2800	109	30.79	57	16.10	166	23.45
	2801-4300	85	24.01	85	24.01	170	24.01
	4301 and above	23	6.50	35	9.89	58	8.19
<b>Settlement</b>	District	29	8.19	28	7.91	67	8.05
	Province	325	91.81	326	92.09	651	91.95
<b>Obesity degree</b>	I. degree obese	228	64.41			228	64.41
	II. degree obese	76	21.47			76	21.47
	Morbid obese	32	9.04			32	9.04
	Super obese	18	5.08			18	5.08
<b>Diet</b>	Yes	107	30.23	105	29.66	212	29.94
	No	247	69.77	249	70.34	496	70.06
<b>Sports</b>	Yes	172	48.58	154	43.50	326	46.05
	No	182	51.42	200	56.50	382	53.95
<b>Chronic diseases</b>	Yes	245	69.21	121	34.18	366	51.69
	No	109	30.79	233	65.82	342	48.31
<b>Someone in the social circle who can support</b>	Yes	304	85.88	292	82.49	596	84.18
	No	50	14.12	62	17.51	112	15.82

The distribution of the reasons that obese individuals stated to be effective in their decision to lose weight and the distribution of OWLQOL scores are given in **Table 2**. The patients were informed that they could state more than one reason if they wished.

**Table 2.** Distribution of causes of obese patients to make weight loss decisions and OWLQOL scores

	n (%)	OWLQOL score average $\pm$ SD
Health problems	206 (26.86)	45.39 $\pm$ 23.90
Decision made with no influence	200 (26.07)	52.72 $\pm$ 21.64
Attitudes and behaviors of close people about losing weight	169 (22.03)	39.52 $\pm$ 22.91
Society's thoughts on body perception (thin bodies being more aesthetic and healthy, etc.)	43 (5.61)	33.77 $\pm$ 22.46
Problems in finding suitable clothes for the body.	38 (4.95)	43.37 $\pm$ 21.21
Problems in close personal relationships due to weight	37 (4.82)	26.60 $\pm$ 18.92
Decisions that have to be made due to body image in emotional relationships and therefore negatively affect the person	31 (4.04)	21.16 $\pm$ 16.11
The effect of thin body figures used by the media on body perception	30 (3.91)	30.88 $\pm$ 23.41
Other causes	13 (1.69)	25.49 $\pm$ 18.11

Health-related problems and decisions made without any effect are among the main reasons for wanting to lose weight. This is an important finding in that it states that obese individuals who can make their own decisions can only be autonomous.

Responses of the participants regarding autonomy and PRA are given in **Table 3**.

**Table 3.** Distribution of the answers of the case and control groups to the questions regarding autonomy and the principle of respect for autonomy

	Case				Control				Statistical data	test
	Yes		No		Yes		No			
	n	%	n	%	n	%	n	%		
Do you act in line with your own beliefs and values?*	326	92.09	28	7.91	308	87.01	46	12.99	$\chi^2=4889$	sd=1
Can you protect your own principles while taking any action?	313	88.42	41	11.58	303	85.59	51	14.41	$\chi^2=1249$	sd=1
Can you express your own original opinions in your decisions and actions?	304	85.88	50	14.12	318	89.83	36	10.17	$\chi^2=2594$	sd=1
Can you choose one or more of the options while determining your decisions and actions?***	289	81.64	65	18.36	331	93.50	23	6.50	$\chi^2=22891$	sd=1
Is it important to you to be free and independent?	328	92.66	26	7.34	332	93.79	22	6.21	$\chi^2=358$	sd=1
Can you comfortably explain your views and thoughts?***	252	71.19	102	28.81	279	78.81	75	21.19	$\chi^2=5492$	sd=1
Do you feel free in your decisions and actions?	258	72.88	96	27.12	272	76.84	82	23.16	$\chi^2=1471$	sd=1
Do you focus on achieving the goals and objectives that you set yourself in your decisions and actions?	317	89.55	37	10.45	325	91.81	29	8.19	$\chi^2=1069$	sd=1
Do you consider and respect the rights of other individuals while making efforts to achieve the goals and objectives you have set yourself?*	344	97.18	10	2.82	331	93.50	23	6.50	$\chi^2=5372$	sd=1
Do you take responsibility for matters related to your own body and health?	309	87.29	45	12.71	319	90.11	35	9.89	$\chi^2=1409$	sd=1
Would you like to be given the right to choose in matters related to your own body and health?*	331	93.50	23	6.50	315	88.98	39	11.02	$\chi^2=4525$	sd=1
Are you influenced by the thoughts of others in your decisions and actions?*	201	56.78	153	43.22	159	44.92	19	55.08	$\chi^2=9969$	sd=1
Would you rather set your own goals and standards than accept other people's goals?*	312	88.14	42	11.86	267	75.42	87	24.58	$\chi^2=19195$	sd=1

\* A significant difference was found in favor of the case group.

\*\* A significant difference was found in favor of the control group.

Significant differences were found between the groups in terms of their responses to autonomy and PRA.

The fact that the proportion of obese individuals who state that they take into account and respect the rights of other individuals while striving to achieve the goals and objectives they set themselves (n=344, 97.18%) is higher than the proportion of obese individuals who state that their decisions and actions are influenced by the thoughts of others (n=201, 56.78%) makes us think that obese individuals are influenced by the outside and do not remain indifferent to their environment, and that they adopt PRA by considering and respecting the rights of other individuals.

The fact that the proportion of obese individuals who report that they take responsibility for matters related to their body and health (n=309, 87.29%) is lower than the proportion of obese individuals who stated that they would like to be given the right to choose in matters related to their body and health (n=331, 93.50%); suggests that obese individuals are interested in their own bodies and health conditions and expect to be offered options about their own diseases and possible treatment methods and also that they are relatively behind in taking responsibility for their medical future.

The fact that the proportion of obese individuals who state that they focus on achieving their own goals and objectives in their decisions and actions (n=317, 89.55%) is higher than the proportion of obese

individuals who state that they can choose one or more of the options while determining their decisions and actions. (n=289, 81.64%); suggests that obese individuals have problems with the choices they make while making their decisions and actions within their freedom and self-sufficiency.

In our study, the  $\alpha$  value of OWLQOL was found to be highly reliable both in the case ( $\alpha=0.947$ ) and control ( $\alpha=0.965$ ) groups and throughout the study ( $\alpha=0.970$ ). The fact that the mean OWLQOL score was lower in the case group ( $48.71\pm 23.34$ ) compared to the control group ( $81.74\pm 18.85$ ); demonstrated that obese individuals had lower QOL than non-obese individuals ( $U=1533.5$   $Z=-17.396$   $p<0.001$ ).

The distribution of OWLQOL score averages according to obesity degrees is given in **Table 4**.

It was observed that QOL levels decreased as the degree of obesity increased.

**Table 4.** Distribution of OWLQOL score averages by obesity grades

Obesity degree	OWLQOL score average % $\pm$ SS
First degree obese	56.26 $\pm$ 20.01
Second degree obese	42.11 $\pm$ 21.57
Morbid obese	32.11 $\pm$ 20.77
Super obese	10.46 $\pm$ 9.61

The comparison of the difference in terms of OWLQOL score according to the answers given to the questions about autonomy and PRA is given in **Table 5**.

When the OWLQOL score was compared between the groups according to their answers with autonomy and PRA, a significant difference was found.

**Table 5.** Comparison of the difference in OWLQOL score according to the answers to the questions regarding autonomy and the principle of respect for autonomy

	Case	Control
Acting in line with own beliefs and values	U=2587 Z=-3805 p<0.001*	U=7692.5 Z=941 p=0.347;p>0.05
Being able to protect own principles while performing an action	U=3079 Z=-5417 p<0.001*	U=5133.5 Z=-3840 p<0.001*
Expressing own opinions in decisions and actions	U=4171.5 Z=-5113 p<0.001*	U=2134 Z=-6177 p<0.001*
Choosing one or more of the options while determining their decisions and actions	U=8785 Z=-815 p=0.415;p>0.05	U=1174.5 Z=-5554 p<0.001*
Caring about being free and independent	U=3977 Z=-571 p=0.568;p>0.05	U=1138.5 Z=-5415 p<0.001*
Being able to express opinions and thoughts comfortably	U=8483 Z=-5011 p<0.001*	U=10203 Z=-330 p=0.741;p>0.05
Feeling free in decisions and actions	U=884 Z=-4674 p<0.001*	U=10807 Z=-425 p=0.674;p>0,05
Focusing on own goals and targets in decisions and actions	U=4890 Z=-1655 p=0.098;p>0,05	U=2150.5 Z=-4859 p<0.001*
Considering and respecting the rights of other individuals while striving to achieve the goals and objectives they set themselves.	U=1556.5 Z=-513 p=0.608;p>0.05	U=1227.5 Z=-5442 p<0.001*
Taking responsibility for matters related to one's own body and health	U=3416 Z=-5515 p<0.001*	U=1933.5 Z=-6358 p<0.001*
Demanding that he/she be given the right to choose in matters related to his/her own body and health	U=3829.5 Z=48 p=0.961;p>0,05	U=3348.5 Z=-4641 p<0.001*
Being influenced by the thoughts of others in decisions and actions	U=19237 Z=-4048 p<0.001*	U=14764.5 Z=-772 p=0.440; p>0,05
Choosing to set one's own goals and standards rather than accepting other people's goals	U=6372 Z=-289 p=0.772;p>0,05	U=11214.5 Z=-483 p=0.629;p>0,05

\* Statistically a significant difference was found.



## Discussion

While there are studies on QOL in obese individuals in the literature, only a limited number of studies on autonomy and PRA have been found. It was seen that these studies were evaluated in the context of emotional autonomy and the right to self-determination. Autonomy cannot be measured directly. Future research will address the question of how to measure autonomy directly.<sup>13</sup> Many studies on obesity reveal a relationship between QOL and autonomy.<sup>14,15</sup>

In our study, a significant difference was found in favor of the control group in terms of OWLQOL score according to the obesity variable ( $U=1533.5$   $Z=-17.396$   $p<0.001$ ). In addition, the mean OWLQOL score of the case group was  $48.71\pm 23.36$ , while the mean OWLQOL score of the control group was  $81.74\pm 18.85$ . The results of the research are in parallel with the literature and it has been determined that obesity reduces QOL.<sup>12-16</sup>

### Acting in line with own beliefs and values

In the study of Lee et al. and Pollak et al., autonomy support was found to be significantly associated with acting in line with one's own beliefs and values.<sup>17,18</sup>

A significant difference was found in favor of the control group according to the variable of behaving in line with one's own beliefs and values ( $\chi^2=4889$   $sd=1$   $p=0.027$ ;  $p<0.05$ ). This result, which is consistent with the literature, suggests that obesity negatively affects action autonomy.

According to the OWLQOL score, there was no statistically significant difference in terms of acting in line with their own beliefs and values ( $U=22588.5$   $Z=-0.522$   $p=0.601$ ). This result suggests that acting in line with one's own beliefs and values may not have an effect on QOL.

### Being able to protect own principles while performing an action

Autonomous individuals have the will to maintain control over their own actions. There is no possibility of anyone controlling it from the outside.<sup>19</sup> Autonomous action must be done consciously. As in the study of Cheng et al., the fact that the level of consciousness and autonomy are related strengthens the literature.<sup>20</sup>

A significant difference was found in favor of the participants who stated that they could protect their own principles in terms of OWLQOL score ( $U=20154.5$   $Z=-4.472$   $p<0.001$ ). The finding of our study that obese individuals will be characterized as autonomous when they act by protecting their own principles was considered to be compatible with the literature. This result can be accepted as an indication that obesity does not damage autonomy.

### Expressing own opinions in decisions and actions

Decision autonomy is the capacity to exercise control over the action required to fulfill one's wishes.<sup>14,21-23</sup>

A significant difference was found in favor of those who stated that they were able to express their original opinion in terms of OWLQOL score ( $U=13022$   $Z=-7.772$   $p<0.001$ ). Contrary to popular belief, the fact that obese individuals do not differ from non-obese individuals in terms of expressing their own unique views in their decisions and actions can be accepted as an indicator that obesity does not damage autonomy. In addition, it can be said that being able to express one's own unique view in decisions and actions has a positive effect on QOL.

### Choosing one or more of the options while determining their decisions and actions

According to Kant, autonomy means wanting and choosing, free from all kinds of interests, wishes and tendencies belonging to the experimental field and without being influenced by the experimental one.<sup>24</sup>

Individuals who are inquisitive and critical and who determine their own life completely in line with their preferences can act freely according to a plan of their own choosing.<sup>25</sup> Thus, individuals will act with genuine willingness and a sense of autonomous choice.<sup>26</sup>

The fact that a significant difference was found between the groups in favor of the control group in terms of choosing one or more of the options while determining their decisions and actions ( $\chi^2=22891$   $sd=1$   $p<0.001$ ) suggests that obesity negatively affects the ability to make autonomous choices.

Allowing individuals to make autonomous choices would be the right step for their own interests.<sup>4,27</sup> A significant difference was found among the participants in favor of those who stated that they could choose among the options in terms of OWLQOL score. ( $U=15122.5$   $Z=-6.773$   $p<0.001$ ). It can be stated that the capacity to make autonomous choices positively affects QOL.

### **Caring about being free and independent**

Heteronomy includes autonomy, self-actualization, free choice and independence, unlike dependency or paternalism.<sup>14,22,28</sup>

Although it has been stated that obesity is more common in people who lack responsibility for the management of their own life and have difficulty in being free and independent;<sup>5</sup> in our study, no significant difference was found between the groups in terms of caring about being free and independent. ( $\chi^2=358$   $sd=1$   $p=0.550$ ;  $p>0.05$ ).

In our study, a significant difference was found in favor of the participants who stated that they cared about being free and independent in terms of OWLQOL scores ( $U=9370.5$   $Z=-4.730$   $p<0.001$ ). Our study findings were found to be compatible with the study of Çıray Gündüzoğlu.<sup>29</sup>

### **Being able to express opinions and thoughts comfortably**

When obese individuals are autonomous, they participate in the treatment effectively and easily explain their feelings, opinions and thoughts, and they can trust the healthcare professional and discuss treatment alternatives.<sup>30</sup>

A significant difference was found between the groups in favor of the control group in terms of easily expressing their views and thoughts ( $\chi^2=5492$   $sd=1$   $p=0.019$ ;  $p<0.05$ ). It can be said that obesity, which affects the patients' ability to easily express their views and thoughts, harms their autonomy of thought.

A significant difference was found in favor of the participants who stated that they could easily explain their opinions and thoughts in terms of OWLQOL scores ( $U=35740$   $Z=-4.777$   $p<0.001$ ). It can be stated that being able to easily express opinions and thoughts has a positive effect on QOL.

### **Feeling free in decisions and actions**

Autonomy used in bioethics literature refers to decision autonomy.<sup>21</sup> Thanks to their freedom, people can take autonomous actions and make choices.

There was no significant difference between the groups in terms of feeling free in their decisions and actions ( $\chi^2=1471$   $sd=1$   $p=0.225$ ;  $p>0.05$ ). This result can be accepted as an indication that obesity does not affect feeling free.

A significant difference was found in favor of the participants who stated that they felt free in their decisions and actions in terms of the OWLQOL scores ( $U=38068.5$   $Z=-3.856$   $p<0.001$ ). It can be stated that feeling free in decisions and actions positively affects QOL.



### **Focusing on own goals and targets in decisions and actions**

Individuals who focus on achieving their own goals and objectives in their decisions and actions put their decision and executive autonomy into effect.<sup>21,22,31</sup>

The fact that there is no significant difference between the research groups in terms of focusing on achieving their own goals and objectives during their decisions and actions can be accepted as an indicator that obesity does not damage autonomy ( $\chi^2=1069$   $sd=1$   $p=0.301$ ;  $p>0.05$ ).

A significant difference was found in favor of the participants who stated that they focused on achieving the goals and objectives that they set themselves in their decisions and actions in terms of OWLQOL scores ( $U=13188$   $Z=-5.056$   $p<0.001$ ). It can be stated that decision and action autonomy affect QOL positively.

### **Considering and respecting the rights of other individuals while striving to achieve the goals and objectives they set themselves**

Respect for autonomy emphasizes that individuals are universally free and equal.

There was a significant difference between the research groups in favor of the case group in terms of considering and respecting the rights of other individuals while making efforts to achieve the goals and objectives that they set themselves ( $\chi^2=5372$   $sd=1$   $p=0.020$ ;  $p<0,05$ ). Based on this, it can be said that obese individuals adopt PRA.

Obese individuals having self-management will improve QOL.<sup>4</sup> In our study, there was a significant difference in favor of the participants who stated that they respected the rights of other individuals while making efforts to achieve the goals and objectives that they set themselves in terms of OWLQOL scores ( $U=6976$   $Z=-3.628$   $p<0.001$ ). It can be stated that adopting PRA positively affects QOL.

### **Taking responsibility for matters related to one's own body and health**

The autonomy of individuals who take responsibility for their own body and health issues will be supported and their QOL levels will increase.<sup>32</sup> In our study, a significant difference was found in favor of the participants who stated that they took responsibility for their own body and health issues in terms of OWLQOL scores. ( $U=12101$   $Z=-7.558$   $p<0.001$ ).

The fact that there is no significant difference between the groups in terms of taking responsibility for their own body and health issues ( $\chi^2=1409$   $sd=1$   $p=0.235$ ;  $p>0.05$ ) It can be accepted as an indication that obesity does not damage autonomy (paternalistic approach is not expected in obesity).

### **Demanding that he/she be given the right to choose in matters related to his/her own body and health**

Patients in the position of moral subjects want to be given a choice in matters pertaining to their lifestyle, body, and state of health.<sup>33,34</sup> The fact that there is a significant difference between the research groups in favor of the case group in terms of demanding to be given the right to choose in matters related to their own body and health ( $\chi^2=4525$   $sd=1$   $p=0.033$ ;  $p<0.05$ ) suggesting that obese individuals adopt autonomy of will.

The fact that there was a significant difference in favor of those who stated that they wanted to be given the right to choose in matters related to their own body and health in terms of OWLQOL scores ( $U=16316.5$   $Z=-2.412$   $p=0.016$ ) demonstrated that autonomy of choice positively affects QOL.

### **Being influenced by the thoughts of others in decisions and actions**

Autonomy, which expresses the ability to decide independently is not being influenced by the thoughts of others.<sup>21</sup> There was a significant difference between the groups in favor of the case group in terms of being

affected by the thoughts of others in their decisions and actions ( $\chi^2=9969$   $sd=1$   $p=0.002$ ;  $p<0.05$ ). It can be said that obese individuals are not indifferent to their environment and are influenced by other individuals.

A significant difference was found among the participants in favor of those who stated that they were not affected by the thoughts of others in terms of OWLQOL score ( $U=52560.5$   $Z=-3.649$   $p<0.001$ ). It can be stated that being influenced by the thoughts of others negatively affects QOL.

### **Choosing to set one's own goals and standards rather than accepting other people's goals**

When individuals perceive the expectations of their environment as a duty to be fulfilled and act to satisfy their environment instead of themselves, this situation results in lack of social skills, insecurity and a damaged autonomy. There was a significant difference between the groups in favor of the case group in terms of preferring to set their own goals and standards rather than accepting other people's goals ( $\chi^2=19195$   $sd=1$   $p<0.001$ ). This result may show that obese individuals adopt individual autonomy.

The lack of significant difference between the participants in terms of OWLQOL score ( $U=34328.5$   $Z=-1.437$   $p=0.151$ ) may indicate that individual autonomy is not affecting QOL.

### **Conclusion**

It has been concluded that individuals who are not obese have a better QOL; obesity does not affect patients' autonomy and feeling free and independent; negatively affect their self-determination, their autonomy of action and their autonomy of thought; and positively affects their individual autonomy, autonomy of will, and adoption of PRA. The fact that there is no difference between obese and non-obese individuals in terms of taking responsibility for matters related to their own body and health, can be accepted as an indication that obesity does not damage autonomy and, contrary to the general belief, a paternalistic approach is not expected in obesity.

In light of these findings, obese individuals should be supported in making autonomous decisions about their health, and encouraged to take an active role in their treatment processes. This will help them feel more free and independent, enhancing their ability to make informed choices regarding their health. Healthcare professionals should trust patients' capacity to make decisions about their own health and develop patient-centered treatment plans. By ensuring active participation of patients in their healthcare processes, both their physical and psychological recovery can be better supported.

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## Author Contributions

Şenol Yıldız: Concept, design, literature search, data collection, analyses and interpretation, writing-review.

Nurdan Kırımlioğlu: Concept, design, methodology, supervision, data interpretation, writing-review, editing.

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