

# Exploring the perspectives of health professionals and patients on self-management in chronic low back pain: A Q-methodology study

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## Background

- Chronic low back pain (CLBP) is highly prevalent and costly in terms of personal impacts, disability, work loss and health care expenditure.
- National guidelines and commissioning strategies encourage 'self-management' as an important strategy in reducing these widespread impacts.
- However, achieving effective self-management is challenging in both research and clinical contexts with outcomes less successful than expected.
- In contrast to other long term conditions, there is a lack of research on self-management as a strategy or how it is best achieved and supported in patients with CLBP.

## Aim

To explore a range of perspectives on self-management in CLBP held by stakeholders in healthcare services and individuals experiencing CLBP.

## Methods

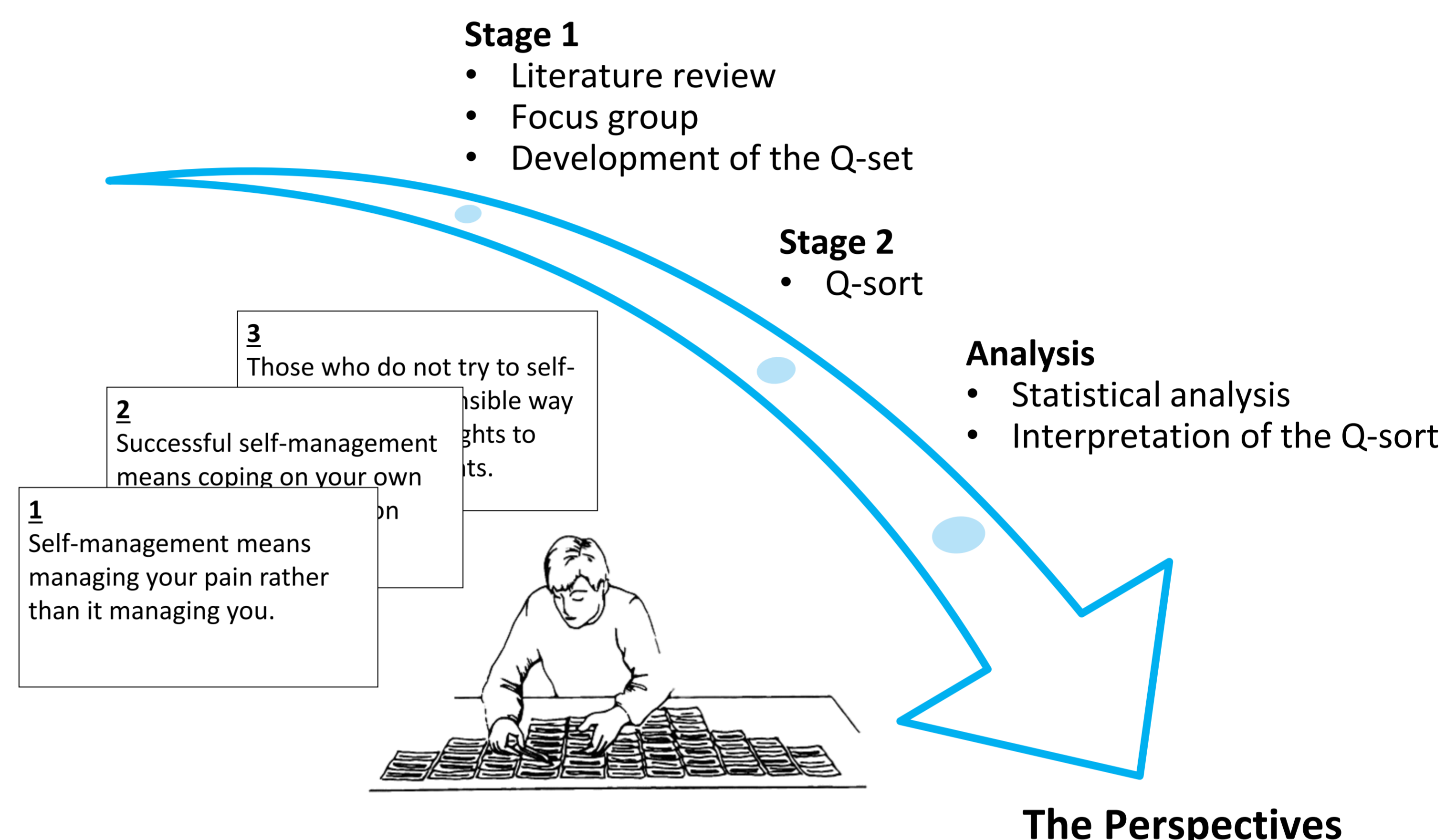
A combined qualitative/quantitative approach called Q-methodology was used:

**Stage 1:** A review of related literature and stakeholder focus groups ( $n=28$ ). The perspectives expressed were distilled into a set of 60 statements (Q-set).

**Stage 2:** A wider group of stakeholders including 60 patients with CLBP and 60 health professionals and other stakeholders ranked the Q-set onto a continuum from strongly agree to strongly disagree (Q-sorting task). Comments on ranking decisions for each statement were also collected. Participant questionnaires provided biographical information, demographics, levels of chronicity/disability and professional roles.

## Analysis

Data was first quantitatively analysed using a statistical software to identify correlations between the stakeholders' Q-sorts ( $n=120$ ) and statement rankings. Four distinct and highly inter-correlated groups of Q sorts (the perspectives) were evident. The particular statements encompassed within each of the four perspectives were subjected to further qualitative analysis and interpretation.



### Stage 2 (Q-sort) Participant Profiles:

#### Patients ( $n=60$ ):

37 females and 23 Males. Age range: 23 - 81 years. Duration of CLBP: 1 - 28 years. Range of Chronic Pain Grade : I (low disability, low pain intensity) -IV (high disability and severe activity limitation).

#### Healthcare professionals / other stake holders ( $n=60$ ):

39 females and 21 males. Age range: 26 - 75 years. Length of practice: 0.5 - 42 years. Professions: GPs, physiotherapists, nurses, consultants (pain, orthopaedic, rheumatology), psychologists, practice managers and others.

## Results

Four distinct perspectives on self-management of chronic low back pain were found. They appear to be independent of any obvious biographical characteristics. The perspectives are described by the following themes:

### 1. "Changing myself"

A strongly psychological approach, needing a lifestyle / mind-set change. This was the largest perspective, expressed mainly by health professionals but also shared by patients. It could be taken as the 'normative / authoritative' view.

### 2. "Changing what I do"

A strongly pragmatic approach guided by accurate information and practical strategies, shared mostly by patients and some professionals.

### 3. "Not sure what to change"

Managing the medical uncertainty, with the need for ongoing access to healthcare resources and assistance, expressed mostly by patients and few professionals.

### 4. "The others must change"

A concern with the stigmatic perception of being in chronic pain, with reliance on health professionals to acknowledge and validate their problem. This perspective was voiced only by patients.

## Conclusion

The study provides valuable insights into the diversity, complexity and tensions in perspectives on the meaning of self-management of CLBP amongst stakeholders. Addressing these issues and the resulting differences in expectations on the nature and delivery of care, seems essential to accomplish more successful engagement in self-management. The delivery of a stakeholder-led discussion conference will provide further insights into the understanding of the concept of self-management amongst all stakeholders and develop practical strategies to achieve more effective self-management of CLBP.

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