

Self-management in chronic low back pain: Understanding differing viewpoints held by patients and healthcare providers to improve communication

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Background

- Chronic low back pain is very common and costly in terms of personal impacts, disability, work loss and healthcare expenditure.
- A self-management approach is encouraged nationally and internationally to reduce such pressures on society.
- However, achieving effective self-management is clinically challenging.
- This may be partly due to patients and healthcare providers having a different understanding of self-management and what it entails.

Aim

To explore the range of viewpoints held by patients and healthcare providers in self-management of chronic low back pain to inform more effective communication and facilitate sustainable, patient-centred management strategies.

Method

A mixed method approach called Q-methodology was used:

Phase 1: A set of 60 statements (Q-set) of views on self-management was developed from the relevant literature and number of focus groups.

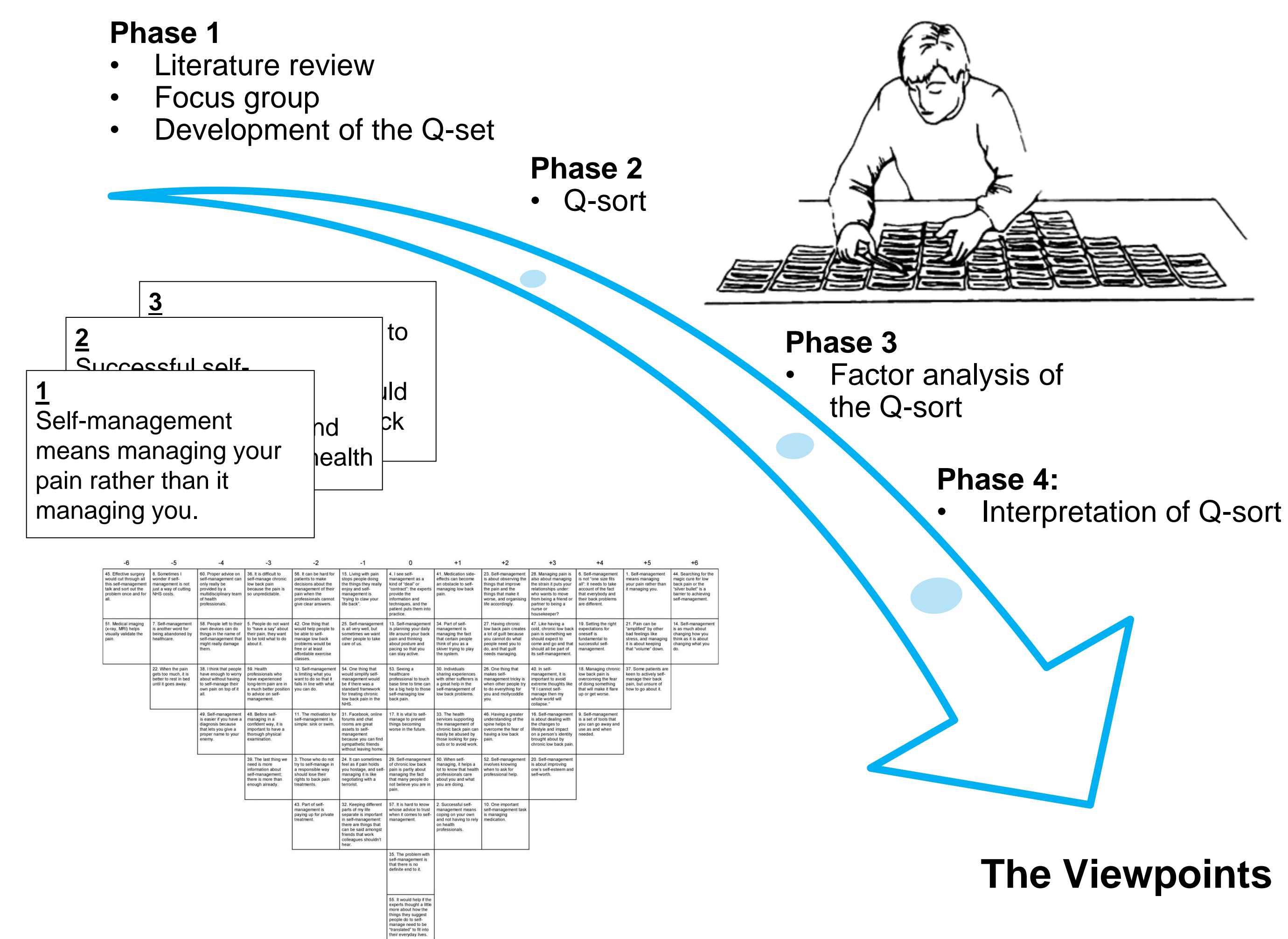
Phase 2: Patients with chronic low back pain and healthcare providers participated in the Q-sort, in which participants ranked the Q-set onto an agree/disagree grid. They also commented on ranking decisions and statements which they felt strongly.

Phase 3: Factor analysis was used to determine any statistically significant differences in the patterns of rankings.

Phase 4: These response patterns were further analysed and interpreted using participants' comments.

Patients (n=60): 37 females and 23 males. Age : 23 - 81 yrs. Duration of pain: 1 - 28 yrs. Chronic Pain Grade (n): I (16), II (14), III (11), IV (19)

Healthcare providers (n=60): 39 females and 21 males. Age: 26 - 75 yrs. Length of practice: 0.5 - 42 yrs (13yrs). Professions: general practitioners, physiotherapists, nurses, consultants (pain, orthopaedics, rheumatology), psychologists, practice managers and others. Personal LBP (n): none (12), acute pain (16), recurrent pain (16) chronic low back pain (16)



Results

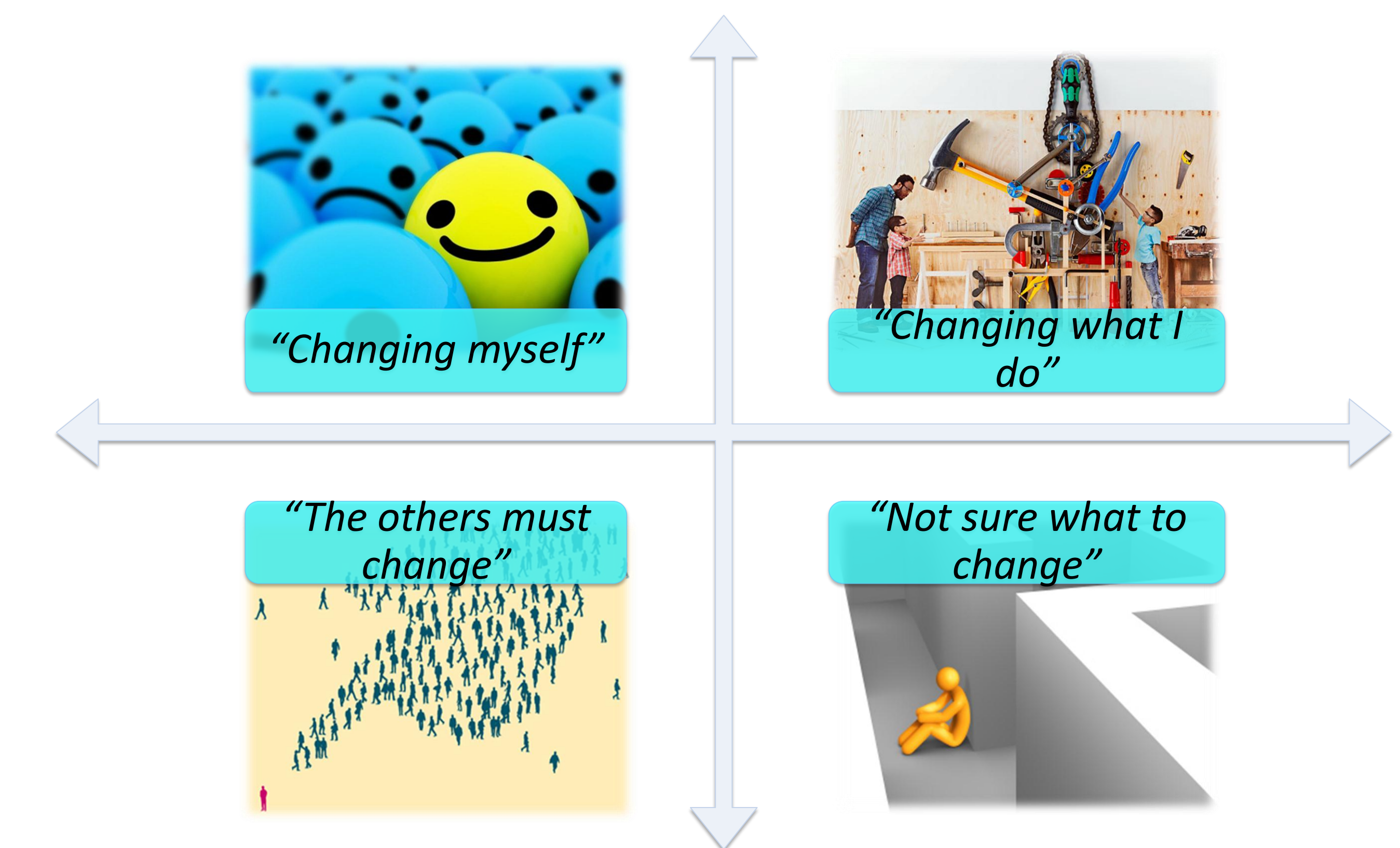
Four distinct viewpoints were found accounting for 117/120 participants. These are briefly described by the following themes:

"Changing myself" - A strongly psychological approach, needing a change in mind-set/lifestyle. This was the largest perspective, expressed mainly by health professionals (n=53) but also shared by patients (n=21).

"Changing what I do" - A strongly pragmatic approach guided by accurate information and practical strategies, shared mostly by patients (n=17) and some health professionals (n=4).

"Not sure what to change" - Managing the medical uncertainty, with the need for ongoing access to healthcare resources and assistance, expressed mostly by patients (n=11) and few professionals (n=3).

"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 view was voiced only by patients (n=8).



Conclusion

- The four viewpoints clearly demonstrate significant differences in the understanding of self-management of CLBP amongst patients and healthcare providers.
- Being aware of divergent viewpoints and acknowledging that both parties need to collaborate on potential discrepancies will stimulate better communication, patient satisfaction and promote effective use of resources.
- It is essential to express and discuss each stakeholder's viewpoint in order to foster alignment in views and effective, maintained self-management behaviour.

Implications

The viewpoints identified may not be permanently held or mutually exclusive. An individual's viewpoint may have a mixture of associations with more than one perspective. Viewpoints may also change over time. An inflexible one-size-fits all approach is unlikely to be sufficient.

Further research is needed to develop more effective enablement strategies and more successful, sustained self-management in people with chronic low back pain.

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