

# Exploring the viewpoints 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 very common and costly in terms of personal impacts, disability, work loss and healthcare expenditure. National guidelines encourage 'self-management' as an important approach to reduce such pressure in the society. However, achieving effective self-management is challenging. This may be partly due to patients and therapists often having different viewpoints of self-management.

**Aim:** To explore and identify the range of perceptions of patients and healthcare providers on self-management in chronic low back pain

**Methods:** Using Q-methodology, various accounts on self-management of CLBP were explored through a review of relevant literature and series of patient and healthcare provider focus groups. A set of 60 statements of opinion (Q-set) was developed. Then a wider group of stakeholders including 60 patients with CLBP and 60 healthcare providers ranked the statements onto a continuum from strongly agree to strongly disagree (Q-sort). After a thorough analysis by the project team (including clinicians, researchers and service users), four distinct viewpoints on self-management in chronic low back pain emerged.

**Findings:** Four distinct viewpoints on self-management of chronic low back pain emerged:

## 1. "Changing myself"

A strong psychological approach, needing a lifestyle/mind-set change. This was the largest perspective, expressed mainly by healthcare providers but also shared by patients.

## 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 view was voiced only by patients.

**Conclusion:** The study provides valuable insights into the diversity, complexity and tensions in viewpoints on self-management of CLBP. Addressing these issues and the resulting differences in expectations on the nature and delivery of care seems essential to accomplish more successful engagement in and accomplishment of self-management. Further research and education is needed both for those experiencing problems and those providing services to support the process of achieving effective self-management of CLBP.

