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Maintaining work participation with chronic musculoskeletal pain: how important are significant others?

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Background

• Research investigating the influence of significant others (spouses/partners/relatives) on chronic musculoskeletal pain (CMP) has often focused on their negative responses, which may impede recovery and work participation.

• Several studies have proposed that significant others can reinforce unhelpful pain cognitions, pessimism about the outcome of treatment and the expectations of returning to work for those with CMP.

• The role of significant others in helping those with CMP to stay at work is scarcely explored.

Aims

• To examine significant others’ beliefs about, and responses to, their relative’s pain and work participation.

• To gain insight in the specific contributions made by significant others in helping their relatives with CMP to stay at work.

Methods

• A mixed-methods design was applied, assimilating quantitative and qualitative data from studies conducted in the Netherlands and in the United Kingdom.

• Data from workers with CMP and their significant others were collected in the Netherlands using questionnaires (pain self-efficacy, pain catastrophizing and pain responses) and open ended questions on the nature of support provided by significant others (spouses/partners/relatives) with CMP to stay at work (n=103).

• In-depth semi-structured interviews were conducted separately with patients and their significant others in the UK (n=10).

Results

Beliefs and perceived partner responses of workers who stay at work with CMP and their partners (n=103)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Range</th>
<th>Workers</th>
<th>Sign. others</th>
<th>ES</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain self-efficacy beliefs a, mean (sd)</td>
<td>0-60</td>
<td>46.7 (8.8)</td>
<td>45.3 (9.6)</td>
<td>0.15</td>
<td>0.12*</td>
</tr>
<tr>
<td>Pain catastrophizing b, mean (sd)</td>
<td>0-52</td>
<td>11.1 (8.9)</td>
<td>14.4 (10.3)</td>
<td>0.34</td>
<td>0.01*</td>
</tr>
<tr>
<td>Providing support c, median (IQR)</td>
<td>0-6</td>
<td>4 (3-5)</td>
<td>4 (3-5)</td>
<td>0.07</td>
<td>0.36*</td>
</tr>
<tr>
<td>Punishing responses d, median (IQR)</td>
<td>0-6</td>
<td>1 (0.3-1.7)</td>
<td>1 (0.3-1.7)</td>
<td>0.10</td>
<td>0.52*</td>
</tr>
<tr>
<td>Soliciting responses e, median (IQR)</td>
<td>0-6</td>
<td>2.3 (1.5-3)</td>
<td>2.5 (1.8-3.3)</td>
<td>0.19</td>
<td>0.06*</td>
</tr>
<tr>
<td>Distracting responses f, median (IQR)</td>
<td>0-6</td>
<td>2.7 (1.7-3.3)</td>
<td>3 (1.3-3.8)</td>
<td>0.07</td>
<td>0.50*</td>
</tr>
</tbody>
</table>

* Independent samples T-test
b assessed with the Pain Self Efficacy Questionnaire significant others version
c assessed with the Pain Catastrophizing Scale significant others version
d assessed with the WHYMPI-significant others version
e assessed with the Pain Self Efficacy Questionnaire significant others version
f assessed with the Pain Catastrophizing Scale significant others version

Conclusions

• The beliefs and perceived partner responses of workers with CMP and their significant others were closely aligned: high pain self-efficacy, low pain catastrophizing and punishing responses, and moderate levels of soliciting and distracting responses.

• This research reveals novel insights about the positive and supportive influence significant others may have on helping those with CMP to stay at work.

• These findings further highlight the importance of the worker’s social environment, indicating the potential value of including family members in vocational rehabilitation programs.

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