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# The influence of significant others on back pain disability and return-to-work: a qualitative pilot study of illness perceptions

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# Background

Whilst there is extensive evidence that work is generally good for health<sup>1</sup>, there is little understanding of the individual and social influences involved in the everyday life experiences of those with disabling back pain which may act as obstacles to recovery, and ultimately, a return-to-work.

It is now widely accepted that the biopsychosocial model provides the best framework for the modern management of back pain.

### Method

A convenience sample (n=5) of Incapacity Benefit/Employment Support Allowance claimants, along with their 'significant' others' will be selected from the Lancashire Condition Management Program. Participants will be interviewed following a schedule derived from the Illness Perception Questionnaire<sup>5</sup> and the Work and Social Function Scale<sup>6</sup>.

The core dimensions are related to:

illness identity (including symptoms and label),

The biopsychosocial model considers:

- The person
- Their health problem
- Their social/occupational context

## What are illness perceptions?

Illness perceptions have been defined as common-sense beliefs about illness<sup>2</sup>, and have been acknowledged as important influences in the course of, and recovery from, back pain<sup>34</sup>. However, there is less understanding of the influence of the illness perceptions of close family members, or 'significant others'.

#### References

- 1. Waddell G & Burton AK (2006). Is work good for your health and well-being? London:TSO.
- 2. Leventhal, H. et al (1984). Illness representations and coping with health threats. In: Baum, A., Taylor, S.E. & Singer, J.E. (Eds.), Handbook of psychology and health: social psychological aspects of health. Hillside, NJ, Earlbaum.
- 3. Foster, N.E et al. (2008). Illness perceptions of low back pain patients in primary care: what are they, do they change and are they associated with outcome? Pain, 136, 177-187.
- 4. Foster, N.E. et al (2010). Distinctiveness of psychological obstacles to recovery in low back pain patients in primary care. Pain, 148, 398-406.

What are the defining features of your condition?

#### perceived cause,

Was there any difficulty in deciding what was wrong?

expectations about timeline (how long the illness is expected to last),

## What do you think might be the course of your condition in the future?

consequences of the illness,

Which of your activities have been most affected by your condition?

beliefs about curability and control.

To what extent, if at all, can you control and manage your condition?

Data will be analysed using template analysis<sup>7</sup>, and themes extracted will be:

examined in relation to scores on the questionnaires (to check for correlation and to expand on salient aspects of questionnaire components), and; compared between claimants and their 'significant others' to establish any possible influences (both on claimant questionnaire scores and interview data).

- 5. Moss-Morris, R. et al. (2002). The revised Illness Perception Questionnaire (IPQ-R). Psychology and Health, 17, 1-16.
- 6. Mundt, J.C. et al. (2002). The Work and Social Adjustment Scale: a simple measure of impairment in functioning. British Journal of Psychiatry, 180, 461-464.
- 7. King, N. (2004). Using templates in the thematic analysis of text. In: Cassell, C. & Symon, G. (Eds.), Essential Guide to Qualitative Methods in Organizational Research. London: Sage.

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#### Summary

The influence of 'significant others' in this illness experience is largely unexplored, and it is hoped that the findings from this pilot study will not only increase understanding in this area, but help provide information which will enable family members to be usefully involved in return-to-work programs.