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Brooks, Joanna, McCluskey, Serena, King, Nigel and Burton, A. Kim

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Original Citation

Brooks, Joanna, McCluskey, Serena, King, Nigel and Burton, A. Kim (2011) "I get depressed sometimes just looking at him..he's only young and he wants to work but no-one'll hire him with a bad back, will they?": Exploring the illness perceptions of significant others in relation to persistent back pain and work participation". In: The British Psychological Society Division of Health Psychology Annual Conference,, 14-16 September 2011, Southampton, UK. (Unpublished)

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“I get depressed sometimes just looking at him ... he’s only young and he wants to work, but no-one’ll hire him with a bad back, will they?”
Exploring the illness perceptions of significant others in relation to persistent back pain and work participation

Brooks, J.¹, McCluskey, S.², King, N.¹, Burton, A.K.²
¹Centre for Applied Psychological Research ²Centre for Health & Social Care Research
University of Huddersfield, UK

Funded by BackCare and the Lancashire Condition Management Programme (NHS Blackburn with Darwen)

Introduction

Once individuals have been off work through sickness absence for 2 years, their chances of returning to any form of work in the foreseeable future are only around 10% [1]. According to the UK Health and Safety Executive, persistent back pain (PBP) accounts for around 20% of claims for long-term state benefit, and the costs of reduced work capacity due to PBP greatly outweigh its direct medical costs. Patients’ beliefs about their condition (their **illness perceptions**) have been acknowledged as potentially important mediating influences in terms of work outcomes [2], and are widely recognised as important influences in the course of, and recovery from, PBP.

Aims

Close family members (‘significant others’) may have important impacts on the course and outcomes of illness, but the role of significant others in the experience of disabling PBP is largely unexplored. This research explores the illness perceptions of both patients with long-term PBP, and those of their significant others, focusing on how these beliefs might impact on work participation outcomes.

Method

Sample

Participants were recruited from the Lancashire Condition Management Programme, a JobCentre Plus/ NHS initiative. 5 Incapacity Benefit/ Employment Support Allowance claimants who identified PBP as their primary illness condition participated, together with their nominated significant other (3 partners, 1 parent, 1 child) (n = 10).

Procedure

Face to face interviews were conducted separately with both claimant participants and their nominated significant other, using a semi-structured interview schedule based on Leventhal’s self-regulatory model of ill-health (e.g. [3]).

Analysis

Interviews were transcribed verbatim and coded using template analysis (e.g. [4]), a particular way of analysing qualitative data which summarises

themes and organises them in a meaningful and useful manner. This research was undertaken with a specific focus on interviewees’ illness perceptions. Template analysis allows the use of such ‘a priori’ themes, but is flexible enough to allow the modification and development of new themes as analysis proceeds.

Results

Work (manual and computer-based) was identified as a contributing causal factor in condition onset and persistence. Participants were pessimistic about the likelihood of a return to previous work, and sceptical about the availability of appropriate flexible work and sympathy from employers.

condition on significant others’ lives. Claimants often reported that their condition had little impact on significant others, whereas significant others described high levels of routine dependency.

If I need a hand doing something, she’ll drop what she’s doing. But apart from that, she pretty much goes about her day-to-day business

She can’t really do anything for herself when she’s bad

Conclusions

Significant others’ supported claimants’ beliefs about their back condition. Significant others’ illness beliefs may have been influenced by their own experience of chronic illness. Participants’ lives were often intertwined and defined by illness. These findings illustrate the complexity of long-term disability, providing an insight into wider social circumstances and influences. These need to be understood and taken into account, especially in the light of current and ongoing changes to the UK welfare system.

I don’t ever think that I’ll be able to do anything in me old trade

How can he get a job with his back the way it is?

All participants defended the claimant against potential accusations of malingering and the reality and serious consequences of the condition were emphasised.

I don’t want to be on the sick, I want to work

I can see how much pain he’s in

All significant others in this study also reported having long-term health conditions. It was felt that this experience conferred a shared expertise and greater understanding around the other party’s condition.

I think we get sympathy pains for each other

I think if I didn’t get this I’d be more, get up, you know, stop whingeing

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Acknowledgements

Grateful thanks to BackCare, the Lancashire Condition Management Programme and to all those who took part in the study.

For any further information, please contact Dr Joanna Brooks [J.M.Brooks@hud.ac.uk]