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Family support in maintaining work participation for those with chronic musculoskeletal pain

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Dr Haitze J deVries
Background

- Chronic non-specific musculoskeletal pain is a leading cause of sickness absence and work disability in Western society.

- Only 2% of those in receipt of disability benefit return to work.

- This problem has remained consistent for decades, resulting in long-term worklessness with its associated disadvantages.

- It is now widely accepted that remaining in work, or returning to work early, is generally beneficial for health and wellbeing.
Why do some people become disabled?

• They do not have a more serious health condition or more severe injury
  – So, it’s not about what has happened to them; rather its about why they don’t recover

• They face obstacles to recovery and participation
The obstacles model
- obstacles to work participation

→ biopsychosocial approach
The influence of ‘significant others’

- Significant others (spouses/partners/close family members) have been shown to have an important influence on an individual’s pain behaviour and disability.

- Largely based on operant (reinforcement), cognitive-behavioural (thoughts about patient behaviour), communal coping (response to patient catastrophizing) and empathy (own experience influencing response) models of pain.
Gaps in the existing research

• Significant others are rarely the main/sole focus of research
• Data is rarely collected from significant others themselves
• The influence of significant others on work participation has not been directly examined
• The focus is largely on those who are unable to work due to musculoskeletal pain
Family and work participation

- Department for Work and Pensions, UK (2011) – “family has an important role to play in facilitating RTW”

- Relationships with ‘significant others’ and ‘family life’ are highlighted in review studies of work participation

- HSE, UK (2013) ‘A spouse or partner acting as a proxy respondent is associated with a 26% reduction in the likelihood that an individual is recorded as suffering from work related ill-health. This increases to 53% where the proxy respondent is not a spouse or partner”
• Previous qualitative studies have examined the illness beliefs of significant others in relation to their relative’s chronic pain and work participation.

McCluskey et al., BMC Musculoskeletal Disorders, 2011;12, 236
Brooks et al., BMC Musculoskeletal Disorders, 2013; 14, 48
McCluskey et al., WORK, 2014; 48, 391-398.

• Data collected from significant others of those who had remained at work with chronic musculoskeletal pain (CMP) were assimilated with those collected from a study conducted in the Netherlands.

• Significant others’ beliefs about, and responses to, their relative’s work participation with CMP were explored.
Method

- Mixed-methods design: questionnaire data collected in Netherlands (n=103); interviews conducted in the UK based on the IPQ-R (n=10).

- Pain self-efficacy, perceived significant other responses to the workers’ pain, pain catastrophizing, and significant others’ roles in helping workers with CMP remain at work were explored.
## Quantitative results – The Netherlands

<table>
<thead>
<tr>
<th>Variables</th>
<th>Range</th>
<th>Workers</th>
<th>Sig others</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain self-efficacy beliefs PSEQ(^a), mean (sd)</td>
<td>0-60</td>
<td>46.7 (8.8)</td>
<td>45.3 (9.6)</td>
<td>0.12#</td>
</tr>
<tr>
<td>PCS(^b), mean (sd)</td>
<td>0-52</td>
<td>11.1 (8.9)</td>
<td>14.4 (10.3)</td>
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<tr>
<td>MPI providing support(^c), median (25-75% IQR)</td>
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<td>4 (3-5)</td>
<td>4 (3-5)</td>
<td>0.36*</td>
</tr>
<tr>
<td>MPI punishing responses(^c), median (25-75% IQR)</td>
<td>0-6</td>
<td>1 (0.3-1.7)</td>
<td>1 (0.3-1.7)</td>
<td>0.52*</td>
</tr>
<tr>
<td>MPI solicitous responses(^c), median (25-75% IQR)</td>
<td>0-6</td>
<td>2.3 (1.5-3)</td>
<td>2.5 (1.8-3.3)</td>
<td>0.06*</td>
</tr>
<tr>
<td>MPI distracting responses(^c), median (25-75% IQR)</td>
<td>0-6</td>
<td>2.7 (1.7-3.3)</td>
<td>3 (1.3-3.8)</td>
<td>0.50*</td>
</tr>
</tbody>
</table>
Qualitative results: Pain self-efficacy – ‘Illness identity’ ‘Consequences of illness’

“I do try and manage my pain because I know it’s down to me. My capability is still there, just on a different level…..I refuse to go into a wheelchair”

[Worker]

“It’s not that much of an issue. I think she manages herself remarkably well and does what she can”

[Significant other]
“I think she’s more optimistic than me….to be honest, but we don’t really talk about it. I don’t know the full extent of it and I’m not sure I want to, out of trepidation. It all comes down to this fear factor, the anxiety of that and not knowing what the future holds”

[Significant other]

“I was concerned, I thought where do we go from here? Does he end up in a wheelchair? Does that mean he will get to a stage where he can’t walk? I do wonder where it will end up”

[Significant other]
Significant other responses: UK & Netherlands - Workers

“He takes me shopping, he drives for me”
“She’ll do all the gardening now”
“We walk together every morning at 5.45am and that helps me more than anything”
“It’s a big help having her there”
“She’s very sympathetic”

[Workers]
Significant other responses:
UK & Netherlands – Significant others

- ‘Connectivity’ – encouraging communication
- ‘Activity’ – encouragement to keep active
- ‘Positivity’ – encouraging a positive outlook
Significant other responses: ‘Connectivity’

- “Make sure that I am always open to discussion”
- “It is important to let them determine when to talk about the pain”
- “Take the pain seriously, be patient, and avoid patronizing”
- “Always have a listening ear and sympathize”
- “Try to show understanding as much as possible…they might get grumpy because they are so tired from working and being in pain, but you have to be understanding”
Significant other responses:
‘Activity’

• “Ensure that they remain active despite the pain”
• “I tell him to continue with his activities and do not give in to the pain quickly”
• “Try to keep doing the things that are important and use your energy for that”
• “Just continue, the pain is there whether you work or not”
• “If you’re at work then you have no time to brood”
• “Don’t lie down, exercise and carry on as normal”.
Significant other responses: ‘Positivity’

- “Don’t be a whiner”
- “Try to enjoy the things that you can and emphasise these. Go out to do fun things to keep you socially involved”
- “I always say there are worse things in life”
- “Try and be as positive as much as you can, don’t be miserable about it”
- “Do not resign yourself to a situation…be hopeful that it will improve”
- “Someone has to remain positive…I think positivity breeds positivity”
Summary

- Novel insights about the positive and supportive influence of significant others
- Significant others and workers beliefs are closely aligned
- Widely measured pain constructs have been further illuminated
- Pain self-efficacy and pain catastrophizing could be addressed in significant others to improve pain outcomes
Conclusions

• Interpersonal processes involved in chronic pain are important yet complex

• Relationship quality, socio-demographic characteristics and significant other health also important factors

• Adding to the under-researched ‘social’ component of the ‘biopsychosocial’ model of chronic pain.

• Focusing on the individual as the sole target for intervention may not always be effective

• Other theoretical approaches to inform interventions, e.g. SRM targeted at significant others of those with CMP may be promising
Acknowledgements

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