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

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# 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



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→ **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”



# Research Aim

- 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



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- 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

Variables	Range	Workers	Sig others	P value
Pain self-efficacy beliefs PSEQ <sup>a</sup> , mean (sd)	0-60	46.7 (8.8)	45.3 (9.6)	0.12#
PCS <sup>b</sup> , mean (sd)	0-52	11.1 (8.9)	14.4 (10.3)	0.01#
MPI providing support <sup>c</sup> , median (25-75% IQR)	0-6	4 (3-5)	4 (3-5)	0.36*
MPI punishing responses <sup>c</sup> , median (25- 75% IQR)	0-6	1 (0.3-1.7)	1 (0.3-1.7)	0.52*
MPI solicitous responses <sup>c</sup> , median (25-75% IQR)	0-6	2.3 (1.5-3)	2.5 (1.8-3.3)	0.06*
MPI distracting responses <sup>c</sup> , median (25- 75% IQR)	0-6	2.7 (1.7-3.3)	3 (1.3-3.8)	0.50*

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]*

# Pain catastrophizing – 'Emotional representations'



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*"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



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*“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



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

# Significant other responses: 'Connectivity'



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- *“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'



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- *“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'



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- *“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”*



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# 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

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