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# Work Participation and Musculoskeletal Pain

*The influence of 'significant others' and  
implications for vocational rehabilitation*

Dr Serena McCluskey

# Why do some people become work-disabled?



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- They do not have a more serious health condition or more severe injury
  - So, it's not about what has happened to them; rather it's about why they don't recover
- They face **obstacles** to recovery and participation





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# The obstacles model

- obstacles to work participation



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→ biopsychosocial approach



# Psychosocial Flags Framework

**Person** - psychosocial factors associated with unfavourable clinical outcomes and the transition to persistent pain and disability

**Workplace** - stem largely from perceptions about the relationship between work and health, and are associated with reduced ability to work and prolonged absence

**Context** - in which the person functions; includes relevant people, systems and policies. These may operate at a societal level, or in the workplace. They are especially important since they may help or hinder the recovery process.



# 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



# 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’



# 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





# Studies

- Chronic musculoskeletal pain (CMP) patients and their significant others in the UK (n=28) & the Netherlands (n=103):
  - (1) Condition Management Programme (all work-disabled);
  - (2) Hospital-based pain clinic (half work-disabled, half still at work)
  - (3) Media advertised study (all at work)
- Data from studies 2 and 3 were assimilated to explore the relevant factors around continued work participation with CMP



# Studies 1 and 2

- UK - patients and their significant others were interviewed separately in their own homes, using an interview schedule derived from the chronic pain version of the Illness Perceptions Questionnaire (Revised) (IPQ-R) (*Moss-Morris et al, 2002*)



# Significant other questions

- What do you think was the cause of your relative's problem?
- What do you expect is going to happen?
- How effective is their treatment plan?
- When do you think they'll get back to work?
- What has been the effect on you?
- What do you think should be done to help?



# Results:

- Template analysis was used to map the qualitative data onto the IPQ-R constructs. Those found most relevant to work participation came under the constructs of:
  1. *Beliefs about causality;*
  2. *Consequences of illness;*
  3. *Treatment expectations*



# Results (work-disabled) *‘Beliefs about Causality’*

*“I know for a fact it was work  
because she complained  
doing it”*

*“It’s probably something that  
he carried in work that hurt his  
back”*



# Results (working): *‘Beliefs about Causality’*



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- *“He doesn’t not do anything because he’s got pain”*

- *“Although it makes working hard, he goes to work because he just won’t give in to it”*



# Results (work-disabled): *‘Consequences of illness’*



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*“He can’t work because he’s  
got so much back pain”*

*“And, as I say to him, who’s  
going to hire you? With a  
backache, you know.....And  
who’s gonna let him lie down  
when he’s working in the  
factory, no-one are they?”*



# Results (working): *‘Consequences of illness’*



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- *“In terms of what does it impact on, well it doesn’t impact on anything, he doesn’t not do anything because he’s got pain”.*

- *“I think his mental attitude is probably the reason he works full-time”*





# Results (work-disabled): *‘Treatment Expectations’*



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*“All I know is she’d like a cure  
to be able to get back out  
there and get back to work”*

*“She wasn’t happy with the  
results....there is something  
else underlying and we are  
waiting to see”*



# Results (working):

## *‘Treatment expectations’*



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- *“Pain management is our preferred option and she can manage to work”*

- *“It’s accepting that they can’t actually do anything more and you just have to live with it”*

# Summary of findings – work-disabled

- Significant others shared and further reinforced unhelpful beliefs
- Significant others more resigned to permanence and negative inevitable consequences
- Significant others more sceptical about the availability of suitable work and sympathy from employers
- Significant others expected a cure and for their relatives to be pain-free in order to return to work



# Summary of findings: working

- Significant others focused on what their relative could still do
- Significant others did not 'blame' work for the cause of the condition
- Significant others were supportive of their relative's efforts in continuing to participate in normal activities, including work
- Significant others did not expect the back pain to be cured, but were positive about effective pain management
- Significant others had a greater degree of acceptance

# Overall Summary

- Significant others have similar and in some cases, stronger beliefs than patients about treatment for persistent back pain and work participation (helpful and unhelpful!)
- Significant others could be valuable resource
- Wider social circumstances need to be acknowledged as obstacles or facilitators to work participation
- Focusing on the individual as the sole target for intervention may not always be appropriate/effective

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

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# 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

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’



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*“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

*“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'

- *“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'



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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"*



# 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.
- Significant others may be usefully involved in pain management and/or vocational rehabilitation

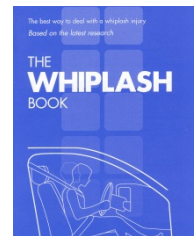
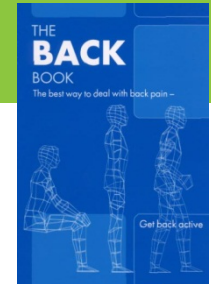
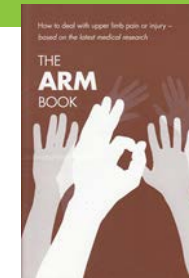
# What next?



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- 3 evidence-informed leaflets
  - workplace
  - worker
  - healthcare
- Evidence-informed
- Practical advice on return to work processes
- Facilitate communication and understanding
- Synchronous distribution
- Free PDFs



## Advice for workers with muscle and joint problems helping you to stay active and working

**Important information**

- Activity and work are good for physical and mental health
- Muscle and joint problems are very common – pretty much everyone has them at some stage during their life
- These problems can be distressing and may make life difficult for a while
- Serious disease or injury with lasting damage is very rare
- Most episodes settle quickly, but the symptoms may crop up again
- It's best to stay active and continue working, or get back soon

**1 make a plan to be active and working**

The key is communication and action. There are two main issues:

**Recovery** depends on working with the health professionals who are helping you, and on your own motivation and effort. Treatment can help to reduce your symptoms, but you are the one who has to get active – see activity as part of your treatment.

**Ask yourself:** What can I do to be a 'loser' and not an 'inuder'?

**Returning to work** depends on you and your employer working together, and that needs communication. The key thing is to stay in touch with the people at work – figure out what's needed to help you return.

**Ask yourself:** What obstacles are getting in the way of my going back to work, and who do I need to talk to about overcoming these (through problem-solving and negotiation)?

**2 identify obstacles to your recovery**

Various things can get in the way of recovery and getting back to work and activity.

**Personal obstacles** involve how you feel and think:

- Anxious and depressed
- Loss of routine and work habits
- Loss of contact with work
- Negative attitudes by people at work
- Lack of job accommodations or modified work
- Mistrust and disagreements between you, your employer, and doctor/therapist

**Health-related obstacles** can confuse and delay:

- Conflicting advice
- Waiting lists
- Prolonged sick leave
- Ineffective treatments

**Things to watch out for:**

- You are unlikely to recover and return to work if you
- Believe there is something seriously wrong
- Are unable to accept reassurance and help
- Avoid activity in case it makes things worse
- Get withdrawn and depressed
- Are fearful and uncertain about going back to work

The longer you are off work or not doing your usual activities, the harder it is to get back.

**3 Putting your plan into action:**

**Take control:** Take responsibility for your recovery, making best use of available help.

**Set realistic goals:** Give yourself a clear timeline for getting back to work and activity. Use weeks, not months.

**Get what you can do:** Have a 'task-do' approach, and avoid dwelling on what you can't do easily at present. You'll find you can do a lot of things – at work and leisure.

**Take with your health professional:** Discuss what you can do, work out ways to get active and back to work. Give them permission to talk with your employer.

**Increase activity:** Do a little more each day for a little longer. Pace yourself: do no more on good days and no less on bad days.

**Changing your attitude and improving motivation:** Don't get gloomy or envious. Getting active will improve your confidence and you'll feel more positive.

**Talk with your employer:** If your employer has not been in touch, make the first move. Temporary changes to your job are one of the best ways of making it possible to get back to work. Sort out what's needed with your line manager.

**Put it all together:** Make sure that you and your doctor and your employer all know what's happening and what you are planning. Tell them you want help to be a loser.

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[www.tsoshop.co.uk/evidence-based](http://www.tsoshop.co.uk/evidence-based)

# Acknowledgements/references

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