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

McCluskey S & Burton AK Centre for Health & Social Care Research

Background

Whilst there is extensive evidence that work is generally good for health, 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.

Objectives

Following the biopsychosocial approach to ill-health, we have designed a method to allow a more in-depth examination of illness perceptions of both individuals who are disabled due to back pain, and those of their 'significant others' (spouses/close family members).

What are illness perceptions?

Illness perceptions have been defined as common-sense beliefs about illness, and have been acknowledged as important influences in the course of, and recovery from, back pain. However, there is less understanding of the influence of the illness perceptions of significant others.

Method

A convenience sample of Incapacity Benefit/Employment Support Allowance claimants, along with their significant others (n=10) were selected from the Lancashire Condition Management Program. Participants were interviewed following a schedule derived from the Illness Perception Questionnaire and the Work and Social Function Scale.

Preliminary findings

Using template analysis, an initial template was constructed using interview data from significant others. Themes were extracted based on the components of the illness perception questionnaire – some examples are presented opposite to illustrate significant others' cognitive and emotional representations of illness:

For further information, please contact: Dr Serena McCluskey, Research Fellow Tel. +44 (0)1484 471448
E-mail. S.McCluskey@hud.ac.uk

Brooks J & King N Centre for Applied Psychological Research

Cognitive representations

"he's constantly got back pain"

"it's probably something that he carried in work that hurt his back".

"I think he's had it that long I don't think there's gonna be dramatic changes" when he was working, he had other things to focus on"

"nothing has really given her long term relief and she's kind of got to the end now of what she can try"

Emotional representations

"I can see how frustrated she can be because there's stuff she wants to do and she can't do it and she can't accept that she can't do it"

"He has been stressed because of financial worries and stuff around work, or

the back condition"

"He's fed up of this pain and he just thinks 'oh you know, why do I bother?"

"Last depressed cometimes just looking at him, and saving to myself 'Loan't

"I get depressed sometimes just looking at him, and saying to myself 'I can't help him'". It would be better if I had the pain instead of him"

Other emerging themes/points of interest

- . Significant others also had long-term health problems.
- The majority of significant others were also Unemployed.
- Most significant others felt that not much could be done for the claimant's condition, and that it would not get better.
- The condition had a huge impact on significant others' lives in terms of restriction of social and work activities, with negative consequences on physical and emotional health.
- . Significant others have certain acceptable and desirable role expectations, presenting themselves as 'good carers'. This results in 'defending the claimant', 'removing blame from the claimant', 'witnessing/ validating pain', and presenting the claimant as 'a fighter' and 'a good patient'.

Further work

The initial template will continue to be revised to include data from claimants, and will be:

- examined in relation to the questionnaires (to check for correlation and to expand on salient aspects), and
- compared between claimants and their 'significant others' to explore important correlations and disparities and possible influences on illness and recovery/return to work

Conclusions

The role of significant others in the experience of disabling back pain is largely unexplored. Preliminary findings from this pilot study suggest that significant others may be important influences on recovery, and such influences should be incorporated in the design of biopsychosocial interventions aimed at return to work.