



Research

## People with low back pain perceive needs for non-biomedical services in workplace, financial, social and household domains: a systematic review

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KEY WORDS

Low back pain  
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ABSTRACT

**Question:** What needs of non-biomedical services are perceived by people with low back pain? **Design:** Systematic review of qualitative and quantitative studies examining perceived needs of non-biomedical services for low back pain, identified through searching of MEDLINE, EMBASE, CINAHL and PsycINFO (1990 to 2016). **Participants:** Adults with low back pain of any duration. **Data extraction and analysis:** Descriptive data regarding study design and methodology were extracted. The preferences, expectations and satisfaction with non-biomedical services reported by people with low back pain were identified and categorised within areas of perceived need. **Results:** Twenty studies (19 qualitative and one quantitative) involving 522 unique participants (total pool of 590) were included in this systematic review. Four areas emerged. Workplace: people with low back pain experience pressure to return to work despite difficulties with the demands of their occupation. They want their employers to be informed about low back pain and they desire workplace accommodations. Financial: people with low back pain want financial support, but have concerns about the inefficiencies of compensation systems and the stigma associated with financial remuneration. Social: people with low back pain report feeling disconnected from social networks and want back-specific social support. Household: people with low back pain report difficulties with household duties; however, there are few data regarding their need for auxiliary devices and domestic help. **Conclusion:** People with low back pain identified work place, financial and social pressures, and difficulties with household duties as areas of need beyond their healthcare requirements that affect their ability to comply with management of their condition. Consideration of such needs may inform physiotherapists, the wider health system, social networks and the workplace to provide more relevant and effective services. [Chou L, Cicuttini FM, Urquhart DM, Anthony SN, Sullivan K, Seneviwickrama M, Briggs AM, Wluka AE (2018) People with low back pain perceive needs for non-biomedical services in workplace, financial, social and household domains: a systematic review. *Journal of Physiotherapy* XX: XX-XX]

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### Introduction

Low back pain (LBP) is the leading cause of disability worldwide<sup>1</sup> and affects approximately 80% of the adult population at some point in their lives, as well as one in five younger people.<sup>2</sup> It impacts many aspects of life and is associated with limitations in: activity and participation; psychosocial distress; workplace absenteeism and presenteeism; and community engagement.<sup>3-5</sup> LBP also disrupts a person's wellbeing and sense of self.<sup>4-7</sup> There is often a significant impact on an individual's participation, with people with LBP in various societies reporting difficulties maintaining employment<sup>8-11</sup> or difficulty in participating in important community activities.<sup>12</sup> These impacts are reflected in the staggering indirect costs due to loss of employment amounting to an estimated AUD 2.9 billion lost in annual gross domestic product.<sup>13</sup> With unemployment and costs of required healthcare,

this adds to patients' financial insecurities and concerns,<sup>8,14,15</sup> often exacerbating their pain experience.

Historically, a biomedical model for LBP aetiology and management has been adopted and promoted based on the assumption of a linear relationship between pathology (usually structural pathology) and the experience of pain. However, a biomedical approach alone does not adequately explain the experience of persistent pain for most people, is costly (AUD 1 billion indirect costs annually)<sup>16</sup> and is not associated with positive outcomes for the majority of patients.<sup>17</sup> Although there is high utilisation of biomedically oriented care, people with LBP continue to experience pain, disability and dissatisfaction<sup>7,15,18</sup> and the prevalence and impacts of LBP continue to rise, suggesting the need for a paradigm shift.<sup>19</sup>

LBP, particularly chronic non-specific LBP, is often a complex experience that is affected by multiple, interacting domains

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(somatic, cognitive, emotional, social, workplace). This makes an individual's unique experience of pain and its corollaries widespread and varied. Consequently, there has been a longstanding paradigm shift in the management of LBP, with healthcare providers being encouraged to adopt a person-centred, biopsychosocial approach to assessment and management.<sup>20–22</sup> The biopsychosocial approach is underpinned by components of care that include factors outside a solely biomedical paradigm, and which are important to patients. While still considering possible somatic influences on the experience of pain, the biopsychosocial approach emphasises identification and management of non-somatic factors, which in many cases require non-biomedical management approaches.

Healthcare services that rely solely on a biomedical model may not adequately address the broader and significant impacts of LBP on a person's life. Thus, it is important to examine these broader (non-biomedical) experiences, to better understand the impact of LBP on quality of life, and perceived needs of non-biomedical services that may enable better self-management, to inform person-centred models of care for LBP. Therefore, we aimed to examine the existing literature regarding patients' perceived needs of non-biomedical services for LBP. Given the breadth of the topic, a systematic review was performed to enable an in-depth exploration of the patients' perspective, map the existing literature, and identify gaps in the evidence.<sup>23,24</sup>

Therefore, the research question for this systematic review was:

What needs of non-biomedical services are perceived by people with low back pain?

## Method

We performed a review of published data using an established framework<sup>25</sup> to identify what is known about the perceived needs of people with LBP for non-biomedical services, within a larger project examining patient-perceived needs relating to musculoskeletal health.<sup>26</sup>

### Identification and selection of studies

A literature search was performed by electronically searching relevant databases (MEDLINE, EMBASE, CINAHL and PsycINFO) for articles published from January 1990 to July 2016. A comprehensive search strategy was developed iteratively by a multidisciplinary team involving an academic librarian, patient input and clinician researchers. The time period (1990 to 2016) was chosen to include relevant studies examining the current patient perspective. The search strategy combined both MeSH terms and text words to capture information regarding patients' perceived needs of non-biomedical services for LBP. The term 'non-biomedical services' was used to incorporate a variety of services for non-biomedical determinants of health, such as: environmental factors, social factors, community factors, socioeconomic factors, and health behaviours.<sup>27</sup> Studies were not excluded based on their study design, so that the review would broadly capture any dimensions of the patients' perspective of their needs of non-biomedical services and LBP. The detailed search strategy is provided in Appendix 1 (see eAddenda for Appendix 1).

Two investigators (LC and SA) independently assessed the titles and abstracts of all studies identified by the search strategy, and assessed these for relevance. The initial screening was set to be over-inclusive in order to retain all relevant studies. Studies were included if they met these criteria: the participants were aged > 18 years; the participants had LBP, excluding LBP from fractures, malignancy, infection and inflammatory spinal disorders; and the study reported the participants' perceived needs, which included their preferences, satisfaction or expectations of non-biomedical services for LBP. No restrictions were applied with respect to the prevalence of LBP or whether the participants had

acute, sub-acute or chronic LBP. Studies were excluded if they were not published as full-text articles in English. When screening of the title and abstract indicated that a paper appeared to meet the inclusion criteria, the full-text version was retrieved and assessed for relevance by one investigator (LC). Where there were discrepancies regarding the inclusion of studies, these were resolved by review of the full text. Where further discrepancies remained, a third investigator (AW) reviewed the full text and adjudicated to reach consensus. A manual search of the reference lists of the eligible studies was conducted to identify further studies for inclusion in the review.

### Assessment of characteristics of the studies

#### Quality

To assess the risk of bias and methodological quality of the included studies, two authors independently reviewed all of the included studies (LC and SN). For qualitative studies, the Critical Appraisal Skills Programme (CASP) tool was used.<sup>28</sup> The risk of bias tool by Hoy et al was used to assess the external and internal validity of quantitative studies: low risk of bias of quantitative studies was defined as meeting eight or more criteria, moderate risk of bias was defined as meeting six or seven criteria, and high risk of bias was defined as meeting five or fewer criteria.<sup>29</sup> The reviewers discussed and resolved disagreements through consensus. Any disagreements in scoring were reviewed by the senior author (AW).

#### Aims

One investigator (LC) independently extracted data from the eligible studies using a standardised data extraction form developed for this review. The following data were systematically extracted: author and year of publication; primary study aim; and description of the study methods.

#### Participants

One investigator (LC) independently extracted data about the study participants. The details of the study participants extracted were: sample size, age distribution, gender ratio, and source. The definition of LBP used for eligibility was also extracted.

### Data extraction and analysis

Included studies were initially reviewed by one author (LC) to identify aspects of non-biomedical services for LBP that patients had a preference for, expected, or were satisfied with, using principles of meta-ethnography to synthesise qualitative data.<sup>30</sup> This involved first identifying key concepts from the included manuscripts and reciprocal translational analysis. This allowed for the translation and comparison of the concepts from individual studies to other studies, enabling the gradual exploration and development of overarching themes.<sup>30</sup> This form of analysis allows for the development of a concept or theme by considering different viewpoints related to the same issue, described in different ways. In this first stage, one author (LC) initially developed a framework of concepts and underlying themes, based on primary data in the studies and any pertinent points raised by the authors in the discussion. In the second stage, two senior authors (FC and AW) with over 20 years of clinical rheumatology consultant-level experience, respectively, and one physiotherapist (AMB) independently reviewed the framework of concepts and themes. This important phase of the meta-synthesis process ensured: clinical meaningfulness, and appropriateness of pooling diverse studies by evaluating whether common themes and concepts were identified across heterogeneous samples.

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