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# Why do patients with Simple Mechanical Back Pain seek Urgent Care?

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## Abstract

**Objective** To explore why patients with simple mechanical back pain seek urgent care.
**Design** Qualitative Exploratory Inquiry based on the principles of Grounded Theory.
**Setting** Urgent Care.
**Methods** Data collection by semi-structured interview.
**Participants** Eleven patients presenting to urgent care (Accident and emergency, Walk-in Centre and Out of hours service) with back pain.
**Results** The study identified eight key motivators of patients with mechanical back pain seeking urgent care: (1) GP access, (2) Pain, (3) Function, (4) Something being different, (5) Something being wrong, (6) Desire for investigation, (7) Third Party Influence and (8) Repeat visits.
**Conclusion** This study provides some evidence to support the notion that patients are willing to use primary care services for the treatment of Simple Mechanical Back Pain but that access is frequently limited and untimely. The study concludes that inappropriate attendances at urgent care facilities are frequently a human response to perception of pain severity which is reinforced by functional loss, uncertainty, the need to provide care for others and the encouragement of others. While it is asserted that there is a clear need for mass education in this area, it is also speculated that attendance at urgent care may occur to overtly escalate the need for assistance and illustrate to sceptical significant others the severity of the condition.


*Keywords:* Back pain; Care-seeking; Urgent-care; Qualitative design; Primary care

## Introduction

A recent systematic review of the global prevalence of low back pain (LBP) revealed the point prevalence to be 12% [1]. With a lifetime prevalence of 84% most individuals will experience LBP. It has been identified as the most common musculoskeletal problem within primary care costing the NHS £1000 million per annum [2]. NICE (National Institute for Health and Care Excellence) guidance outlines the use of: exercise programmes, manual therapy and acupuncture for patients with Simple Mechanical Back Pain (SMBP) all of which can be provided effectively in primary care [3]. Despite this, patients with SMBP frequently use urgent care facilities which are neither able to provide these modalities nor well placed to deal with this condition.

A literature search of EMBASE, MEDLINE, BNI, CINAHL, Embase, PsychINFO, the Cochrane Library and ASSIA up to 2013 using the terms; "health-seeking", "care-seeking", "urgent care", "emergency services", "emergency department", "accident and emergency" and "back pain" was undertaken. While seemingly counter to a grounded theory approach, this was a requirement of ethics application and any preconceptions were deemed minimal due to the lack of existing research and time lapsed from application to analysis.

The literature review revealed a paucity of knowledge which was conflicting, varied and dependent on the health-care setting. Studies were predominantly based in Australia and the USA. [4,5]. Review of the individual studies identified limitations such as low statistical power [4,6] and a lack of specificity to back pain [7,8]. For example Martin *et al.* [8] report the rate of inappropriate urgent care attendance in the UK as 17% but this figure encompasses all conditions. When considering back pain specifically, the majority of those presenting (95%) will have SMBP [9]. Urgent care providers routinely discharge these patients with analgesia

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and advice only, as recommended, yet urgent care attendance rates for SMBP continue to rise (unpublished audit data) with the cause of this remaining unclear. In a local urgent care audit, it was observed that between January and March 2010, an average (mean) of 108 patients per month sought urgent care for back pain, of which 102 had SMBP. Whilst there has been an increased prevalence in chronic disabling back pain in many countries [10] this does not explain the increase in urgent-care seeking as the overall incidence of back pain has not risen [9].

Despite this identified increase of urgent care seeking by patients with SMBP there is a gap in the literature. There are no existing studies which have considered why patients with SMBP seek urgent care in the UK. It is this gap the study aims to address. This may have benefits for the target population in the form of more appropriate and timely care and the healthcare economy through reducing cost and burden on urgent care services.

## Method

### *Design*

A grounded theory approach was considered most suitable as the aim was to investigate underlying reasons for behaviour [11].

### *Recruitment*

Patients presenting to urgent care (Accident and emergency (A&E), Walk-in Centre Out of hours service) with back pain were assessed. Those diagnosed with SMBP by their urgent care clinician, who met the inclusion criteria were advised of the study and invited to join.

### *Inclusion Criteria*

- Aged 18 years or over.
- Diagnosis by healthcare professional of SMBP; requiring only advice and analgesia [3,9].

### *Exclusion Criteria*

- Diagnosis of systemic or neurological disease.
- Inability to provide informed consent.
- Non-English speaking.

### *Data Collection*

Primary data collection was via face-to-face interview using a semi-structured guide, by the principal investigator (VS). Initial sampling was purposive then theoretical once data was gathered. Interviews were conducted in a private clinic room and audio-recorded. Interview duration lasted from 10 to 75 minutes.

### *Ethics*

The study and subsequent amendments were given a favourable opinion by the Central Manchester Research Ethics Committee, number 10/H1014/81.

### *Data Analysis*

Anonymised interviews were transcribed within 24 hours (VS). This not only increased familiarity with the data and enabled preliminary analysis, but minimised the possibility of transcript inaccuracies. As an iterative process, on-going data collection was concurrent with analysis, informing further data collection. Transcripts were analysed as soon as possible, prior to the next interview where this was possible. This process continued until saturation.

Data was analysed with a grounded theory approach. Initial coding was line by line, with the second phase identifying commonly used codes which were developed into salient and complete categories then themes. Coding and theming was undertaken independently by VS and SG, both reported saturation at nine participants. Findings were consistent and all transcript information was coded, with no discrepancy or deviant cases. Memo writing was undertaken to assist analysis and enable reflection. Reflexivity is an important process in GT allowing the researcher to regularly review their preconceptions and their possible impact on the analysis [11].

## Results

### *Participant Summary*

Recruitment commenced on the 21st January 2011 and continued until the 14th July 2011 when saturation was reached. All participants had sought urgent care from: A&E, WIC or OOH's.

### *Themes*

Eight themes were identified through independent review: GP access; Pain & Analgesia; Function; Different; Something Wrong; Investigation; Third Party; Repeat Visits

### *Theme (1) GP access*

Participants reported an attempt to access GP care in the first instance but went on to seek urgent care when unsuccessful. Some were reportedly directed to the urgent care if unable or unwilling to wait (Box 1a):

GP access was also dependent on day and time: Participant 4 contacted his GP initially but it was a Wednesday afternoon when most GP practices in the study location are closed. Participants 5 and 10 sought urgent care late at night and