Original Article

Chronic Low Back Pain Patients' Perceptions on Self-Management, Self-Management Support, and Functional Ability

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Abstract:

Chronic low back pain is the most commonly reported chronic pain condition, with an exceedingly high prevalence. The economic burden to society is remarkable with ensuing functional disablement. Although self-management (SM) and self-management support (SMS) are now being recommended to address chronic low back pain, there is a paucity of research on SM, SMS, and functional ability in this patient population. The purpose of this study was to describe the perceptions of chronic low back pain patients on their self-management (SM), self-management support (SMS), and functional ability. This qualitative manuscript is part of the data derived from a larger study using a non-experimental, cross-sectional, descriptive design. Open-ended questions on SM, SMS, and functional ability resulted in an abundant amount of substantive information. Participant responses provided significant themes. Taking medications and maintaining physical activity were dominant SM activities. Major participant-perceived SMS activities were prescribing medications, providing other treatments, and giving encouragement. Participants' concerns regarding their functional ability centered on anxiety and fear. This study can facilitate improved understanding on the SM, SMS, and functional ability of patients with chronic low back pain. There is an increased need for education and support of patients' mental state to facilitate SM. It is equally important for health care professionals to be proficient in providing SMS. These findings provide essential foundation toward evaluating the impact of SM and SMS on functional ability and other chronic low back pain outcomes.
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According to the Institute of Medicine's report (IOM) on chronic pain, low back pain is the most commonly reported chronic pain condition (IOM, 2011). Specifically, 28.1% of U.S. adults, 18 and older, reported low back pain in the last

3 months of a national survey conducted by the nation's principal health statistics agency (National Center for Health Statistics, 2011). Further, estimates specify that 80% of the U.S. population experience low back pain during their lifetime (Hellman & Imboden, 2009). Because of chronic low back pain, 51.6% report difficulty with basic actions (i.e., movement) and 55% report complex activity limitations (i.e., self-care and work performance), leading to increased disability necessitating even more medical treatments (National Center for Health Statistics, 2011).

The economic burden is remarkable, both to those afflicted and to the society as a whole. The direct health care cost for back pain alone is $34 billion annually, including office and hospital-based services (IOM, 2011). In addition, the economic impact includes indirect costs related to lost productivity from missed days of work, hours of work lost, and lost wages. Despite high costs, with increasing technology and medical treatment alternatives to manage low back pain, the prevalence has persisted. Low back pain that lasts longer than three months is considered chronic (National Institute of Arthritis and Musculoskeletal and Skin Diseases, 2012). Once patients are in the chronic stage, functional ability (physical and mental capabilities) worsens, and the probability of returning to work is greatly diminished (National Institute of Arthritis and Musculoskeletal and Skin Diseases, 2012).

The biopsychosocial model in managing chronic low back pain is now increasingly emphasized, with a focus not only on the biomedical approach but also on psychosocially understanding and managing chronic pain (IOM, 2011). In effect, the IOM strongly recommends self-management (SM) efforts to aid in the improvement of function and quality of life. According to Lorig and Holman (2003), SM includes demonstration of tasks and skills with self-efficacy to facilitate patients' ability to make decisions and engage in health-directed behaviors. Consequently, health care professionals need to provide self-management support (SMS) to assist patients in adequately managing their chronic illness. SMS aims to activate and inform patients so they are empowered to better cope with the challenges of their chronic illness (Wagner et al., 2001).

In several chronic illnesses, SM and SMS have been successful in decreasing health care costs and improving outcomes (i.e., positive health-directed behaviors, more symptom-free days, and better quality of life; Pearson, Mattke, Shaw, Ridgely, & Wiseman, 2007). However, there is a paucity of research in the SM and SMS of chronic low back pain patients and the impact of such pain on their functional ability. More specifically, qualitative research is lacking in these areas. Therefore, the purpose of this study is to describe chronic low back pain patients' views to facilitate better understanding of their SM, SMS, and functional ability and to improve practice toward enhanced quality of care.

METHODS

This qualitative data was part of a larger study conducted in 2011 (Kawi, 2014) using both quantitative and qualitative methods on the SM, SMS, and functional ability of chronic low back pain patients. Briefly, the larger study was conducted in pain centers using multimodal pain management strategies that involved the use of surveys and included open-ended questions. The surveys were measures to evaluate SM, SMS, and functional ability; the sample included 110 participants. The quantitative findings were reported elsewhere (Kawi, 2014). Because there was an abundance of substantive information derived from the open-ended questions, providing a rich amount of textual data for qualitative content analysis, a separate qualitative report was deemed appropriate.

Qualitative content analysis presents a summary of information regarding phenomena using everyday language and using coding and evolution of themes based on participant responses (Sandelowski, 2000). The result is low-inference descriptions of participants' views with the researcher remaining as close to the data as possible without attempts to reinterpret participants' expressed thoughts. Qualitative description using qualitative content analysis was believed to be the most appropriate method for the data derived because a straightforward description of the responses was essential to exploring the participants' views of their SM, SMS, and functional ability.

Ethical Considerations and Participants

Ethical approval was obtained from the Colorado Multiple Institutional Review Board and the Medical Director of two pain centers in Nevada. Patients were invited to participate in the research study during their clinic visits. Inclusion criteria were that participants (1) be ≥18 years; (2) have doctor-diagnosed, nonmalignant, chronic low back pain; and (3) be able to read, write, and understand English. Informed written consent was obtained from each participant. Each participant was advised to answer all the open-ended questions included in the surveys.

Open-Ended Questions

Three open-ended questions were included in the surveys to gather patient perceptions relevant to the research study: (1) What are ways you manage your chronic low back pain? (2) What are ways your health