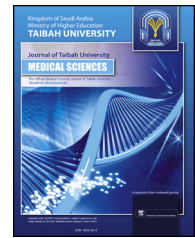




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Original Article

A comparison of the attitudes toward chronic low back pain in Saudi, Australian and Brazilian physical therapy students



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المخلص

أهداف البحث: تهدف هذه الدراسة إلى ترجمة استبانة "مقياس العلاقة بين الألم والإعاقة لمزودي الرعاية الصحية" من اللغة الإنجليزية إلى اللغة العربية. وبحث موقف ورأي طلاب تخصص العلاج الطبيعي السعوديين تجاه آلام أسفل الظهر المزمنة. كما تهدف الدراسة إلى مقارنة نتائج الاستبانة للطلبة السعوديين في هذه الدراسة مع نتائج الاستبانات المشابهة المنشورة للطلبة البرازيليين والأستراليين.

طرق البحث: وُزعت النسخة العربية المترجمة من الاستبانة لـ 150 طالباً وطالبة من المراحل الدراسية الثانية والثالثة والرابعة، وجمعت فور الانتهاء من تعبئتها. وقورنت نتائج الاستبانة للطلبة البرازيليين والأستراليين المنشورة مع نتائج الطلبة السعوديين في الدراسة الحالية. استُخدمت التحاليل الإحصائية لعمل المقارنات في نتائج الاستبانات.

النتائج: كانت نسبة الاستجابة للاستبانة 90%. ولم توجد فروق ذات دلالة إحصائية في نتائج الاستبانة بين الطلبة السعوديين الذين لديهم ألم أسفل الظهر والذين ليس لديهم ألم، أو بين الطلبة في مختلف المراحل الدراسية. من ناحية أخرى وُجدت اختلافات ذات دلالة إحصائية بين الطلبة السعوديين والطلبة البرازيليين والأستراليين في المجمع العام للاستبانة وكذلك في جميع محاور الاستبانة.

الاستنتاجات: هذه هي الدراسة الأولى التي ترجمت هذه الاستبانة إلى اللغة العربية. يميل طلبة العلاج الطبيعي السعوديون في الدراسة الحالية بشكل أكبر إلى

نظرية أن آلام أسفل الظهر المزمنة تؤدي إلى العجز والإعاقة مقارنة بالطلبة البرازيليين والأستراليين.

الكلمات المفتاحية: ألم الظهر؛ المعتقد؛ العلاج الطبيعي؛ المملكة العربية السعودية؛ ألم أسفل الظهر

Abstract

Objectives: The study aimed to: 1) translate the Health Care Providers' Pain and Impairment Relationship Scale (HC-PAIRS) questionnaire into Arabic version; 2) investigate the attitudes and beliefs of Saudi physical therapy students toward chronic Low Back Pain (LBP); and 3) compare the HC-PAIRS scores of our students with those of Brazilian and Australian students from published data.

Methods: A back-translated Arabic version of the HC-PAIRS questionnaire was distributed to 150 students from the 2nd, 3rd, and 4th years and was collected immediately upon completion. Published data for Brazilian and Australian students were compared with data from our students. Analyses of variance were used for all comparisons of the HC-PAIRS scores.

Results: Response rate was 90%. No significant differences were found in the HC-PAIRS scores between students with chronic LBP and those without ($P \geq .10$) or between students at different year levels ($P \geq .10$). There were significant differences between our Saudi students and Brazilian and Australian students in the total score and all dimensions of HC-PAIRS ($P < .05$).

Conclusion: This is the first study to translate HC-PAIRS into Arabic language. Compared with Brazilian and Australian students, Saudi physical therapy students

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agreed more strongly with the notion that chronic LBP leads to impairment and disability.

Keywords: Backache; Belief; Physiotherapy; Saudi Arabia

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Introduction

Low back pain (LBP) is a common complaint among adults. During the course of their lives, 70–85% of individuals will experience LBP.¹ In addition, over 80% of such patients report recurrent episodes.² In the USA, LBP is the most common cause of activity limitation in people younger than 45 years, the second most frequent reason for visits to a physician, the fifth-ranking cause of admission to hospitals, and the third most common cause of surgical procedures.¹ LBP may be classified by duration: acute (pain lasting < 6 weeks), sub-chronic (6–12 weeks), or chronic (>12 weeks). In the adult population, an annual incidence of chronic LBP ranged 10–15% and a point prevalence ranged 15–30%.¹ The literature reveals little information about the prevalence and incidence of chronic LBP in Kingdom of Saudi Arabia. Most of these studies have investigated certain regions or cities of Kingdom of Saudi Arabia. For example, Al-Arfaj et al.³ surveyed households in the towns and villages of Al-Qaseem province in Kingdom of Saudi Arabia. They found that LBP was reported by 1081 (18.8%) of 5743 respondents, of whom 499 (8.8%) were male and 574 (10%) were female. A recent study by Dajah and Al Daghdhi⁴ investigated the prevalence and risks of work-related LBP among nurses in the Sudayr region and found that 53.2% of 248 demonstrated work-related LBP. Another study of nurses in operating rooms in Taif city revealed that 48.41% of the nurses (61 out of 126 respondents) complained of LBP.⁵

Several factors unrelated to pain may contribute to back disability.⁶ For example, patients' negative attitudes and beliefs about their pain may affect their physical activity and consequently influence treatment outcome. Riley et al.⁷ developed the Pain and Impairment Relationship Scale (PAIRS) to measure the attitudes and beliefs of patients toward pain and disability. Not only patients' attitudes and beliefs but also those of health care providers, including physical therapists, toward chronic LBP can influence pain and associated disability.^{8–12} Rainville et al.¹¹ modified the original PAIRS and developed the Health Care Providers' Pain and Impairment Relationship Scale (HC-PAIRS) to measure the attitudes and beliefs of health care providers toward chronic LBP. The HC-PAIRS questionnaire has also been used to measure the attitudes and beliefs of students of the health sciences, including physical therapy, toward chronic LBP.^{6,13–15} Higher scores indicate that the health care

provider strongly agrees that chronic LBP justifies disability and activity limitation. Negative attitudes and beliefs toward chronic LBP and disability, however, can be modified by treatments such as multidisciplinary pain programs,⁶ involving techniques such as cognitive-behavioral therapy¹⁶ and biopsychosocial models.¹² In addition, specialized physical therapy teaching modules on chronic LBP changed students' negative attitudes and beliefs regarding pain to positive attitudes and beliefs.^{6,15} This may facilitate their ability to become more evidence-based practitioners and manage patients with chronic LBP following qualification.^{6,15}

Ethnicity influences the prevalence of LBP, people's expression of disability associated with LBP,¹⁴ and their attitudes and beliefs about chronic LBP.^{14,17} At the student level, Ferreira et al.¹⁴ compared the attitudes and beliefs of Brazilian physical therapy students with those of Australian physical therapy students. They found that Brazilian students had higher HC-PAIRS scores than Australian students, although both groups had similar demographic characteristics and attended a musculoskeletal module as part of the coursework for their degree. They suggested that this between-group difference may be due to different cultural backgrounds of the samples.¹⁴ These cultural differences suggest that Saudi physical therapy students, including Saudi students, might have different attitudes and beliefs regarding pain than do Western students. To the knowledge of the researchers, no studies have investigated the attitudes and beliefs of Saudi health care providers, physical therapy students, or patients toward chronic LBP and disability. The current study aimed to: 1) translate the HC-PAIRS questionnaire into Arabic version; 2) investigate the attitudes and beliefs of Saudi physical therapy students toward chronic LBP; and 3) compare the HC-PAIRS scores of Saudi physical therapy students with published data for Brazilian¹⁴ and Australian students.⁶

Materials and Methods

This cross-sectional study, using the HC-PAIRS questionnaire, was approved by the Institution Review Board of Biomedical Ethics. English version of the HC-PAIRS demonstrated high reliability and internal consistency to measure health care providers' attitudes and beliefs regarding chronic LBP and disability.¹¹ It contains 15 statements, measuring four dimensions of attitudes and beliefs: functional expectations (items 1, 2, 3, 6, 7, 8, 9, 11, and 12); social expectations (5, 7, 11, and 14); need for cure (4, 9, and 15); and projected cognition (10 and 13). The respondents identify their agreement with each statement using the Likert scale (1 = completely disagree to 7 = completely agree). The scores range from 15 to 105, and a higher score indicates a stronger attitude and belief that chronic LBP justifies impairment and disability.¹¹

The HC-PAIRS questionnaire was translated into Arabic following the guidelines of Beaton.¹⁸ First, the original English version of HC-PAIRS was translated into Arabic by a translator with a medical background and another

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