



Review Article

A systematic review of low back pain and sciatica patients' expectations and experiences of health care

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Abstract

BACKGROUND CONTEXT: Previous systematic reviews of patients' experience of health services have used mixed qualitative and quantitative studies. This review focused on qualitative studies, which are more suitable for capturing experience, using modern methods of synthesis of qualitative studies.

PURPOSE: To describe the experience of health care of low back pain and sciatica patients and the sources of satisfaction or dissatisfaction with special reference to patients who do not receive a diagnosis.

STUDY DESIGN: A systematic review of qualitative studies.

SAMPLE: Primary qualitative studies identified from Medline, Embase, CINAHL, and Psychinfo databases.

OUTCOME MEASURES: Conceptual themes of patients' experiences.

METHOD: Data collection and analysis were through thematic content analysis. Two reviewers independently screened titles and collected and analyzed data. The authors were in receipt of a Primary Care Research Bursary from National Health Service Suffolk and Norfolk Research Departments, a not-for-profit organization.

RESULTS: Twenty-eight articles met the inclusion criteria. Most studies were of high quality. Nine themes emerged: the process and content of care, relationships and interpersonal skills, personalized care, information, the outcome of care, the importance of a diagnosis, delegitimation, recognizing the expert, and service matters. How care was given mattered greatly to patients, with importance given to receiving a perceived full assessment, consideration for the individual's context, good relationships, empathy, and the sharing of information. These aspects of care facilitated the acceptance by some of the limitations of health care and were spread across disciplines. Not having a diagnosis made coping more difficult for some but for others led to delegitimation, a feeling of not being believed. Service matters such as cost and waiting time received little mention.

CONCLUSIONS: Although much research into the development of chronic low back pain (LBP) has focused on the patient, this review suggests that research into aspects of care also warrant research. The benefits of generic principles of care, such as personalization and communication, are important to patients with LBP and sciatica; so, practitioners may help their patients by paying as much attention to them as to specific interventions. When neither cure nor a diagnostic label is forthcoming, generic skills remain important for patient satisfaction. © 2014 Elsevier Inc. All rights reserved.

Keywords:

Back pain; Sciatica; Experience; Satisfaction; Delegitimation; Diagnosis; Personalized care; Communication

FDA device/drug status: Not applicable.

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Introduction

Patient experience

Previous systematic reviews of patients' experience of health care for low back pain (LBP) have combined quantitative and qualitative studies [1]. A new review is needed for four reasons. First, more studies have appeared since earlier reviews [1]. Second, qualitative research is best suited for understanding experience; so, a review focused on qualitative studies is warranted [2]. Third, the methodology of synthesizing qualitative studies has progressed. Fourth, the most recent review [3] was directed at research methodology rather than practice. Thus, an updated review of qualitative studies using modern methods is warranted.

Theoretical approach

Grounded theory is the qualitative method most commonly used in medical research. Data items, such as each comment in an interview, are assigned brief descriptions, "codes." Codes are compared to develop higher codes that link them. Previous data and codes may be reanalyzed and further data collected as analysis proceed, a process termed "iteration." Iteration continues until no new information emerges, the point of "saturation" when "themes" have been developed that capture the varying experiences of the subjects, creating a "theoretical framework."

The synthesis of qualitative research in medicine is less well established than the synthesis of quantitative research. Although both aim to distil the best available evidence, there are important differences (Table 1).

Sciatica patients

It could be hypothesized that sciatica patients have different experiences of health care, particularly its psychosocial aspects, because sciatica is associated with definable pathologies, most commonly disc herniation and lumbar spinal stenosis, whereas most cases of LBP are labeled nonspecific. However, some argue that a significant proportion of sciatica is not explained by those pathologies [4], and others dispute that LBP is

nonspecific and argue that specific diagnoses can and should be made [5].

Aims

The principal aims were to describe the experience of health care of LBP and sciatica patients and the sources of satisfaction or dissatisfaction. A secondary aim was to describe the experience and satisfaction of patients who do not receive a diagnosis.

Methods

Search

The Medline, Embase, CINAHL and Psycinfo databases were searched for publications up to the period May 22, 2012. Both free-text and thesaurus terms were used to maximize yield [6]: (back pain.ti,ab OR sciatic*.ti,ab OR exp back pain OR exp sciatica) AND (expectation.ti,ab OR experience.ti,ab OR satisf*.ti,ab OR exp patient satisfaction OR exp client satisfaction OR qualitative.ti,ab OR exp qualitative research).

The gray literature was searched in The Health Management Information Consortium database and the System for Information on Gray Literature in Europe up to the period May 22, 2012 using the following terms: back pain, sciatica, satisfaction, expectation, experience, and qualitative.

Both reviewers independently screened titles and abstracts for eligibility. The references of all retrieved articles were screened. Disagreements were resolved by discussion.

Eligibility

Studies were included if

- Patients had LBP or sciatica of any duration.
- Patients had received health care directed at diagnosis or management.
- Health care was delivered by a practitioner who could be a primary care physician, physiotherapist,

Table 1
Synthesis of quantitative versus qualitative studies

Study characteristics	Quantitative	Qualitative
Search	Comprehensive	Comprehensive or up to saturation
Inclusion	Criteria such as study types, samples, and outcome measures	Purposive: chooses study best suited to provide richest data
Quality assessment	Greater agreement on criteria and scales to use	Less agreement on criteria and scales to use
Data collection	Extraction from studies is specified in advance	Reiterated as collection proceeds
Outcomes	Specified in advance	Emerge from the data during collection and analysis
Analysis	Specified in advance, data may be pooled to produce an effect size	Emerges through coding and categorization to produce a theoretical framework
Purpose of product	To increase the precision of effect size estimate	To improve the transferability of results

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