



The effects of patient–professional partnerships on the self-management and health outcomes for patients with chronic back pain: A quasi-experimental study



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ABSTRACT

Background: Self-management may be a lifelong task for patients with chronic back pain. Research suggests that chronic pain self-management programmes have beneficial effects on patients' health outcome. Contemporary pain management theories and models also suggest that a good patient–professional partnership enhances patients' ability to self-manage their condition.

Objectives: (1) To investigate whether there is a reciprocal relationship between self-management of chronic back pain and health-related quality of life (HRQoL); (2) to examine the impact of a good patient–professional partnership on HRQoL, either directly, or indirectly via change in the ability to self-manage pain.

Design and setting: This quasi-experimental study was designed to take place during routine service appointments and conducted in a community-based pain management service in the United Kingdom. A patient–professional partnership was established in which patients were actively involved in setting up goals and developing individualised care plans. Through this, health professionals undertook patients' health needs assessment, collaborated with patients to identify specific problems, provided written materials and delivered individualised exercise based on patients' life situation. Patients were recruited following initial consultation and followed up three months later.

Participants: A total of 147 patients (65% female) with a mean age of 48 years (standard deviation (SD): 14 years) were enrolled in the study. Of these, 103 subjects completed the study. Patients were included if they were aged 18 and over, suffered from chronic back pain, had opted in to the clinic and had sufficient ability to read and understand English. Patients were excluded if they opted out this service after the initial assessment, suffered from malignant pain or required acute medical interventions for their pain relief.

Methods: Self-reported measures of HRQoL, patient–professional partnerships and self-management ability were collected at baseline and three months later. Pathways proposed were depicted using structural equation modelling.

Results: There was no association between patients' self-management ability and HRQoL at baseline. However, a positive direct effect was detected at three months (-0.38 , $p < 0.01$). A patient–professional partnership was not found to be beneficial for patients' HRQoL through a direct pathway, but via an indirect pathway where self-management was a mediator (-19.09 , $p < 0.01$).

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Conclusions: This study suggests that the increase in patients' self-management ability may lead to improvement in HRQoL after pain management support provided in a partnership with health professionals. A good patient–professional partnership appears to be beneficial as an augmentation to self-management practice for patients with chronic back pain.

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What is already known about the topic?

- Good partnerships between patients and health professionals may improve patients' self-management ability and treatment effectiveness for chronic pain. The mechanisms for this improvement, however, are poorly understood.
- Health professionals rely almost exclusively on taught physical exercise to help patients manage their chronic back pain.

What this paper adds

- A good partnership between patients and health professionals has a direct positive impact on patients' self-management ability and an indirect positive impact on quality of life, where self-management is the mediator.
- Good self-management ability has a one-way positive effect on patients' quality of life.
- Both patients and health professional should be aware that not only is pain self-management support useful, but also good partnerships during the care process is a necessary component to improve quality of life for patients with chronic back pain.

1. Introduction

Chronic back pain is common health problem throughout the world and the leading cause of activity limitation and work absence (Freburger et al., 2009; Vos et al., 2013). People with chronic back pain often experience considerable discomfort, and their family and social relationships are interrupted (Hunfeld et al., 2001). However, patients often struggle to receive adequate management for their condition, or even a diagnosis (Baker et al., 2010). Due to the high prevalence, associated deleterious impact and the lack of any guaranteed cure, self-management has become a commonly accepted addition to medical interventions in the treatment of chronic back pain (Blyth et al., 2005; Dixon et al., 2007; Lorig and Holman, 1993; Moore et al., 2000; Von Korff et al., 1998).

The self-management of a chronic condition refers to 'an ability to manage the symptoms, treatment, physical and psychosocial consequences and lifestyle changes inherent in living with a chronic condition individually' (Barlow et al., 2002, p. 178). Many self-management programmes have been developed worldwide to support patients with chronic conditions (Barlow et al., 2000; Lorig et al., 2001). These are believed to be beneficial for patients to manage their symptoms and improve their quality of

life. Patients involved showed a decrease in depression and fatigue, a high degree of self-efficacy, greater relaxation skills and exercise activities and cognitive symptom management (Barlow et al., 2000, 2002; Bourbeau and Van Der Palen, 2009; Effing et al., 2012; Gurden et al., 2012; Lennon et al., 2013; Lorig, 1993, 2003; Lorig et al., 1998; Lorig and Holman, 1993; Smith-Turchyn et al., 2016). As a strategy to foster the implementation of self-management, a practice guideline has been developed in the United Kingdom (UK), recommending that patients' attributes, needs and preferences should be taken into account when provided with treatment and care by health professionals (Savigny et al., 2009). In addition, self-management practice guidelines in Canada recommend that health professionals should conduct a broad patient assessment to identify potential factors related to patients' health status (Registered Nurses' Association of Ontario, 2010).

A good partnership between patients and health professionals appears to have a positive impact on the self-management of chronic pain (Dwarswaard et al., 2016; Fu et al., 2015; Lukewich et al., 2015; McQueen, 2001; Wasson et al., 2006). While health professionals are expert in providing health services to support patients, the pain itself and its impact can only be experienced by patients (Coulter and Ellins, 2007; May, 2010). A recent systematic review suggests that patients do not self-manage their chronic conditions, and they expect health professionals to fulfil a comprehensive role (Dwarswaard et al., 2016). A partnership in healthcare refers to collaborative care in which patients are actively involved with health professionals in developing treatment or care plans (Coulter et al., 2013; Enehaug, 2000). Health professionals are identified as the primary facilitator of self-management in primary care settings (Lukewich et al., 2015). Contemporary chronic pain management theories and models also suggest that a good patient–professional partnership enhances patients' ability to self-manage their condition (Bodenheimer et al., 2002; Cooper et al., 2008; Coulter and Collins, 2011; Street et al., 2009; Wagner et al., 2005). However, evidence for the relationship between patient–professional partnerships and self-management remains underspecified as do the practices, mechanisms and resources through which patient–professional partnerships may work in developing self-management ability and improving health outcomes.

Street et al. (2009) presented a theoretical idea on how patient–professional partnerships may contribute to patients' health outcomes, via both a direct and indirect effect (see Fig. 1). In the direct effect, patient–professional partnerships could be therapeutic when health professionals validate patients' perspectives and

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