Discharged with a feeling of being dismissed: narratives from patients with MSK LBP attending secondary care consultations with surgical teams: A Qualitative Study

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INTRODUCTION

- Cost & disability mainly associated with long-term LBP.¹
- High care utilization more likely to be driven by long-term MLBP patients, who might eventually be referred to orthopaedic surgery consultations.
- When surgery not indicated, whatever the reason, patients often discharged without treatment option.
- Despite reassurance being a core aspect of medical care², and the cornerstone of self-managing MLPB³, reassurance is a clinical skill that remains poorly understood⁴, especially in context of discharging patients.
AIMS

Explore patients’ perspective of how professionals deliver reassurance while disclosing that all reasonable avenues of treatment have been exhausted, and how patients respond to this message.
METHODS

Participants
• 5 surgery specialists (2 surgeons, 1 extended scope practitioner, 2 senior physiotherapists) holding consultations at 3 different hospitals.
• 30 adult patients (aged ≥ 18), who consulted for spinal surgery and were recommended not to undergo surgery, were invited to participate.
• LBP had to be their main complain (≥ 3 months).
• Patients with prior lumbar surgery, involved in litigation or work-related injuries, and those who lack fluent English were excluded.

Interviews
• Thirty qualitative in-depth semi-structured interviews were conducted. Basic demographic information (age and gender), measures of pain intensity, and pain interference were taken upon interview arrival.

Analysis
• Interviews were clear verbatim transcribed and analysed using QSR International’s NViVO software (version 10) utilising an integrated framework analysis by two independent researchers.
1. Factors external to the consultation:

- Pain was perceived by most as unpredictable and had a huge impact on all aspects of patients lives.
- Patients used a verity of coping strategies.
- NHS journeys were extremely long, convoluted, and resulted in suffering.
2. Consultation and reassurance:

Knowing my whole story:
Tests, past history, hands on, me as whole person

Seeing the right person:
Good Listening, they get me & I get on with them, knowing what they are doing, professional skills

No need to worry:
Generic reassurance versus Validation

Getting to grips with my pain:
Explanation, clear and understandable Language & Terms, discussing options, open door follow-up

"I don’t understand why they have notes, they can’t read. It’s really frustrating."

"I didn’t find the connection with the person I was seeing. She didn’t have much patience."

"The most worse thing anybody can say to you is: don’t worry. Of course you worry, that’s why you’re there."

"Unless you’re a medical person you really haven’t got a clue what they’re talking about."
3. Response to Consultation:

- Feelings dismissed, being in a care void.
- Intention to further consult or reluctant self-management.
- Response to management advice- disagreeing with proposed care.
- Increased worries- about health and future.
CONCLUSION

For LBP patients discharged from care without further treatment options, it may be particularly important to deliver reassurance, aiming to encourage patients towards effectively self-managing their condition. While self-management at earlier stages of LBP is easier to adhere to, at these late stages, once pain and disability have become entrenched, this message is difficult to accept and likewise difficult to convey. Feeling that practitioners really knew the patients’ whole story, having rapport and feeling validated, in addition to receiving clear explanations were paramount to patients feeling reassured.
REFERENCES


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Conflict of Interest
There was no conflict of interest.