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Abstract

Objective: To explore why patients with simple mechanical back pain seek urgent care.

Design: Grounded Theory

Setting: Urgent Care

Methods: Data collection by semi-structured interview.

Results: The study identified eight key motivators of patients with mechanical back pain seeking urgent care: 1) GP access, 2) Pain, 3) Function, 4) Something being different, 5) Something being wrong, 6) Desire for investigation, 7) Third Party Influence and 8) Repeat visits.

Conclusion: This study provides some evidence to support the notion that patients are willing to use primary care services for the treatment of Simple Mechanical Back Pain but that access is frequently limited and untimely. The study concludes that inappropriate attendances at urgent care facilities are frequently a human response to perception of pain severity which is reinforced by functional loss, uncertainty, the need to provide care for others and the encouragement of others. While it is asserted that there is a clear need for mass education in this area, it is also speculated that attendance at urgent care may occur to overtly escalate the need for assistance and illustrate to sceptical significant others the severity of the condition.

Key words: back pain, care-seeking, urgent-care, qualitative design, primary care.

Introduction

A recent systematic review of the global prevalence of low back pain (LBP) revealed the point prevalence to be 11.9% [1]. With a lifetime prevalence of 84% most individuals will experience LBP;. It has been identified as the most common musculoskeletal problem within primary care costing the NHS £1000 million per annum [2]. NICE (National Institute for Health and Care Excellence) guidance outlines the use of: exercise programmes, manual therapy and acupuncture for patients with Simple Mechanical Back Pain (SMBP) all of which can be provided effectively in primary care [3]. Despite this, patients with SMBP frequently use urgent care facilities which are neither able to provide these modalities nor well placed to deal with this condition.

A literature search of EMBASE, MEDLINE, BNI, CINAHL, Embase, PsychINFO, the Cochrane Library and ASSIA up to 2013 using the terms; “health-seeking”, “care-seeking”, “urgent care”, “emergency services”, “emergency department”, “accident and emergency” and “back pain” was undertaken. While seemingly counter to a grounded theory approach, this was a requirement of ethics application and any preconceptions were deemed minimal due to the lack of existing research & time lapsed from application to analysis.

The literature review revealed a paucity of knowledge which was conflicting, varied and dependent on the healthcare setting. Studies were predominantly based in Australia and the USA. [4][5]. Review of the individual studies identified limitations such as low statistical power [4][6] a lack of specificity to back pain [7][8]. For example Martin *et al.* [8] report the rate of inappropriate urgent care attendance in the UK as 16.8% but this figure encompasses all conditions. When considering back pain specifically, the majority of those presenting (95%) will have SMBP [9]. Urgent care providers routinely discharge these patients with

analgesia and advice only, as recommended, yet urgent care attendance rates for SMBP continue to rise (unpublished audit data) with the cause of this remaining unclear. In a local urgent care audit, it was observed that between January and March 2010, an average (mean) of 108 patients per month sought urgent care for back pain, of which 102 had SMBP. Whilst there has been an increased prevalence in chronic disabling back pain in many countries [10] this does not explain the increase in urgent-care seeking as the overall incidence of back pain has not risen [9].

Despite this identified increase of urgent care seeking by patients with SMBP there is a gap in the literature. There are no existing studies which have considered why patients with SMBP seek urgent care in the UK. It is this gap the study aims to address. This may have benefits for the target population in the form of more appropriate and timely care and the healthcare economy through reducing cost and burden on urgent care services.

Method

Design

A grounded theory approach was considered most suitable as the aim was to investigate underlying reasons for behaviour [11].

Recruitment

Patients presenting to urgent care (Accident and emergency (A&E), Walk-in Centre (WIC) Out of hours service (OOH)) with back pain were assessed. Those diagnosed with SMBP by their urgent care clinician, who met the inclusion criteria were advised of the study and invited to join.

Inclusion Criteria:

- Aged 18 years or over.
- Diagnosis by healthcare professional of SMBP; requiring only advice and analgesia [3][9].

Exclusion Criteria:

- Diagnosis of systemic or neurological disease.
- Inability to provide informed consent.
- Non-English speaking.

Data Collection

Primary data collection was via face-to-face interview using a semi-structured guide, by the principal investigator (VS). Initial sampling was purposive then theoretical once data was gathered. Interviews were conducted in a private clinic room and audio-recorded. Interview duration lasted from 10-75minutes.

Ethics

The study and subsequent amendments were given a favourable opinion by the Central Manchester Research Ethics Committee, number 10/H1014/81.

Data Analysis

Anonymised interviews were transcribed within 24 hours (VS). This not only increased familiarity with the data and enabled preliminary analysis, but minimised the possibility of transcript inaccuracies. As an iterative process, on-going data collection was concurrent with analysis, informing further data collection. Transcripts were analysed as soon as possible, prior to the next interview where this was possible. This process continued until saturation.

Data was analysed with a grounded theory approach. Initial coding was line by line, with the second phase identifying commonly used codes which were developed into salient and complete categories then themes. Coding and theming was undertaken independently by VS and SG, both reported saturation at nine participants. Findings were consistent and all transcript information was coded, with no discrepancy or deviant cases. Memo writing was undertaken to assist analysis and enable reflection. Reflexivity is an important process in GT allowing the researcher to regularly review their preconceptions and their possible impact on the analysis [11].

Results

Participant Summary

Recruitment commenced on the 21st January 2011 and continued until the 14th July 2011 when saturation was reached. All participants had sought urgent care from: A&E, WIC or OOH's.

Themes

Eight themes were identified through independent review: GP access; Pain & Analgesia; Function; Different; Something Wrong; Investigation; Third Party; Repeat Visits

Theme 1) GP access

Participants reported an attempt to access GP care in the first instance but went on to seek urgent care when unsuccessful. Some were reportedly directed to the urgent care if unable or unwilling to wait:

INSERT BOX 1 HERE

GP access was also dependent on day and time: Participant 4 contacted his GP initially but it was a Wednesday afternoon when most GP practices in the study location are closed.

Participants 5 and 10 sought urgent care late at night and Participant 6 at the weekend when her GP surgery was closed:

INSERT BOX 1b HERE

This theme highlighted the consequence of an inability to access the GP in a timely manner which led patients to seeking urgent care, seemingly redirected by GP practices.

Theme 2) Pain and Analgesia

Pain intensity, and associated with this, a desire for quick relief of pain, was a key driver for seeking urgent care (cited by ten of eleven participants).

INSERT BOX 2 HERE

Theme 3) Function

A level of impaired function was referred to by all participants with nine of eleven specifically referring to impaired walking. The inability to perform activities of daily living (ADL) appeared to be distressing to participants and was a motivator in their decision to seek urgent care.

INSERT BOX 3a HERE

Caring for children while in a state of dysfunction was a compelling driver to seek urgent help:

INSERT BOX 3B HERE

This participant went on to associate regained function and ability to care for her son with her recovery:

INSERT BOX 3C HERE

Theme 4) Different

Most participants had experienced back pain previously, only one reported no prior episodes. When seeking urgent care, those with previous back pain history described this episode as "different"

INSERT BOX 4A HERE

The sense of something "different" appears to have provoked fear in patients, both immediate and anticipatory fear: fear of future consequences. Along with fear, three other negative emotions were identified: frustration, anger and pessimism. Patients were frustrated when unable to access GP care and angry when faced with triage systems which determined symptoms they considered to be different as non-urgent.

INSERT BOX 4B HERE

Theme 5) Something Wrong

Several participants reported a concern that there was something wrong:

INSERT BOX 5a HERE

For participant 10, it was concern of something potentially sinister, specifically: paralysis:

INSERT BOX 5b HERE

Theme 6) Investigation

Potentially linked with this feeling of something wrong was the theme of investigation, yet such was its prominence it was given individual consideration. Of eleven participants, eight referred to an investigation:

INSERT BOX 6a HERE

Two participants recounted previous investigations which had revealed nothing significant yet they wanted further examination.

INSERT BOX 6b HERE

Other participants sought investigation to enable understanding.

INSERT BOX 6c HERE

Theme 7) Third party

The advice or action of others, principally a family member, contributed to the decision to seek urgent care for over half of participants.

INSERT BOX 7a HERE

One participant was advised at attend A&E by GP reception staff:

INSERT BOX 7b HERE

Two participants reported a previous encounter where the GP directed them to urgent care:

INSERT BOX 7c HERE

Participant 8 had previously been guided to A&E and felt she would be again, as her husband reported:

INSERT BOX 7d HERE

Once participants had sought urgent care for their back pain, over half did so again. Participant 9, prompted by family on the first occasion, sought urgent care directly for the second episode:

INSERT BOX 7e HERE

Theme 8) Repeat visits

Identifying that patients with SMBP were returning to urgent care raised the question of why, particularly as some acknowledged dissatisfaction with the care received, or recognised that little could be done in the urgent care setting:

INSERT BOX 8a HERE

In subsequent data collection, participants were questioned about what they would do in the event of future episodes. Despite the acknowledged limited intervention or poor experience three participants reported they would return to urgent care:

INSERT BOX 8b HERE

Of the four participants questioned about future action, only one reported that he would not seek urgent care again. He left A&E when the triage nurse advised of a long wait and unlikelihood to receive treatment:

INSERT BOX 8c HERE

When questioned about what he would do in the future he replied:

INSERT BOX 8d HERE

Pain and altered function were the most prominent themes, referred to by all participants. Desire for investigation, inability to secure GP access and third party influence were also substantial motivators in seeking urgent care, expressed by over half of participants.

Discussion

The themes of: access, pain, function, investigation, something wrong, third party influence and repeat visits are present in some context within the literature [4][5][6][7], however they have not previously been identified within the context of care-seeking behaviour in an urgent care setting for back pain.

One striking finding was that most participants correctly attempted to access care through their GP in the first instance. Other powerful drivers in seeking urgent care related to dysfunction [12] and associated high pain levels. This incapacitating pain sparked fear something was wrong, or "different", which was perceived as indicating something sinister.

220 This escalation of symptoms appeared to precipitate a need for ‘answers’ which were sought
221 through investigation. The refusal to investigate by urgent care clinicians resulted in
222 frustration and anger as patients felt they were not being taken seriously.
223
224 The data reflects a very human response to uncertainty and incapacitating pain which in turn
225 makes receptiveness to 3rd party suggestion to seek urgent care more likely. The need for
226 assurance and pain relief becomes particularly acute when patients are carers. Most the 3rd
227 parties were family members, but surprisingly advice to attend urgent care was also received
228 from GPs and their reception staff. This inappropriate advice appears to have stifled the
229 appropriate response and instead facilitated urgent care-seeking behaviour, potentially
230 resulting in possible harm as appropriate and timely care was not delivered.
231
232 Patients believed investigations would identify the cause of their symptoms. This is a
233 common misconception faced by clinicians dealing with patients with SMBP. Numerous
234 structures can contribute to symptoms and there is no definitive disease to diagnose [3] and
235 investigations do not change the evidence-based management of SMBP.
236
237 The second misconception identified related to analgesia. Participants sought immediate pain
238 relief yet when prescribed analgesia they described it as ineffective. Further questioning
239 revealed that fear of addiction resulted in ineffective use and avoidance. This appears at odds
240 with the reported desire to abolish the pain at the earliest possible opportunity.
241
242 Although most of the themes in this study have been identified in other contexts, a new
243 finding, not previously reported was the theme of something ‘different’. It is interesting that
244 this sense of something “different” is listed as one of 163 red flags, indicators of possible

serious pathology [13]. The prognostic value of individual red flags is not known as they are not considered in isolation but within the context of the individual clinical presentation [13] and this, to some extent, legitimised the patients' desire for urgent attendance.

The sense of "something different" may be an important motivator in seeking urgent care. If "different" this time, patients could be concerned a pre-existing condition had developed into something sinister. This concern could provoke anxiety, fear and pessimism about their current and future state. Something "different" may also facilitate the desire for investigation. Perhaps patients sought reassurance that all was well rather than cause. Patients reported frustration and anger when unable to access investigations even though this was not clinically indicated. Resolution of this juxtaposition would prove difficult.

It is well established that pain is not purely organic but also an emotional response [14]. Perceived pain is known to increase when there is anxiety or fear about the cause particularly if it seems "different". Back pain is particularly fear-provoking as it comes from behind, instilling a feeling of vulnerability [9]. Waddell [9] also reports heightened fear and anxiety due to awareness of incapacity as a possible consequence of spinal injury. Functional limitations may therefore not be entirely due to dysfunction but fear that it may exacerbate injury.

The sense of "different" is linked to the theme of something "wrong". Two participants reportedly sought urgent care because of fear of serious pathology. For one,
the sense was so compelling, she described a fear of dying.

While attendance at urgent care is understandable from a human suffering point of view, it is also a means by which the degree of discomfort can be conveyed to those who doubt the legitimacy of the observed dysfunction. To some extent, this doubt is reinforced by the notion that back pain is subjective with no definitive disease to diagnose.

While this was not detected as a theme, there is some evidence from the data to suggest that an element of social construction could be at play as Participant 9 openly reported that co-workers including one manager were sceptical of his back pain:

INSERT TEXT BOX 9 HERE

For those previously seen by their GP, attendance at urgent care was an escalation of action reflecting perceived symptom severity. Patients may have felt the appropriate GP management received (analgesic and advice to maintain function) was not sufficiently reassuring and the gravity of their symptoms not recognised. If symptom legitimisation was a motivating factor, it should have been identified by the Grounded Theory methodology. That saturation was reached and no deviant cases occurred suggests this is speculative however, this train of thought is worthy of further investigation. Although, it is possible that symptom legitimisation was an additional motivator undisclosed by participants. The unpreparedness of patients to disclose this could either be because they were not fully aware of it themselves, but also it may reflect their vulnerability to socially constructed pressures to 'prove' their incapacity.

The desire for investigation may have been a further attempt to legitimise symptoms As might theme 8, repeat visits. Although this is speculative, McPhillips-Tangum *et al.* [5]

reported chronic back pain patients continue to seek care because fundamental questions about the cause and diagnostic role remain unanswered. It is suggested this may be because patients do not receive the answers they desire, in that their symptoms are not legitimised.

The results identify a need for education. Information provided to this patient population needs to be evidence-based, standardised and accessible. Content should be in line with current evidence and given a lifetime prevalence of 84%, delivery of such information should be directed towards a "mass" approach. Recent public education films on "FAST" for stroke and "Hard and Fast to Staying Alive" for heart attack have shown that 'mass' education is effective in bringing about desired change. The hard and fast campaign has recorded over 1.7 million YouTube views and the World Heart Federation report 11 lives to date have been saved by campaign bystanders. Further research is needed to assess the likely effect of such a SMBP specific campaign within England.

Study Limitations

This was a small, exploratory study undertaken in one NHS trust with the aim of increasing understanding of care-seeking behaviour. The study was part of a taught NIHR Masters in Research. The lack of resource resulted in the exclusion of Non-English speakers, as language is imperative in ensuring nuances and meanings are understood. If lost in translation the quality of data may have been poor and erroneous conclusions drawn.

Recommendations for future research

Further studies of this sort should be repeated in other health districts in order to validate the findings through a process of triangulation. Additionally, mixed-methods studies

incorporating a functional or health-related quality of life outcome measure would facilitate understanding of the care-seeking behaviours of patients with SMBP.

Conclusion

To our knowledge, this study was the first of its kind to attempt to increase understanding of why patients with SMBP seek urgent care. It has identified eight contributing factors and discusses the possibility of a ninth which takes the form of legitimising incapacity.

The decision of patients to seek urgent care is complex and involves perception of both need and of the services available. This study has highlighted the need for education of this patient population.

Until a more certain understanding is gained about the motives and characteristic of this patient population and community-wide education is achieved, urgent care facilities will continue to be used inappropriately placing continued demands on a pressured and vital resource. The Health Select Committee has warned this week that the growing demand on A&E is unsustainable. When considering alternatives to urgent care it has recognised that primary care should be restructured. How this will occur has not yet been illustrated but suggestions include: direct access for GP's to same-day specialist opinions and the use of same-day telephone, web or e-mail access to a primary care team integrated within patients' own GP practices [15]. Physiotherapists could play a key part in both these scenarios as they are ideally placed to provide cost effective care which would not only serve the patient better but would also decrease demand on strained urgent care resources. Support for physiotherapist roles appears to be growing with a call for physiotherapists to be the gatekeepers for musculoskeletal conditions voted the most popular "dangerous idea" by

343 delegates at a recent primary care conference [16]. The recently published Royal college of
344 General practitioners 2022 report: "A vision of General Practice in the future" [17] also
345 envisages increased self-referral and highlights self referral to physiotherapy specifically.

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Box 1a Quotations for Theme 1

"Because I couldn't get in to see my own Dr..... it's getting more of a struggle getting into your own GP at the minute" (Participant 1)

"I tried my GP but the receptionists...said there was nothing, but I said to them well I'd like to have a Dr out then and she said if you're able to come to the surgery which, because I'd asked for an appointment, she said I feel you're able to get to the surgery then you're gonna have to go to the out of hours or the walk in centre" (Participant 3)

Box 1b Quotation for Theme 1

"I went but the Dr's was shut on Saturday....so my husband said we'll just go to the walk in centre and see what they say...." (Participant 6)

Box 2 Quotations relating to theme 2

"The pain, it was just, I've never felt pain like that before" (Participant 10)

"I was in so much pain...it was so intense... it was just too much...I was so desperate for some relief.....I have a child and labour's meant to be painful but (not) compared to that." (Participant 10)

Box 3a Quotations from theme 3

"The pain were that acute and I were limping and I went like that and I just had to see a Dr" (Participant 5)

"I just needed to be able to function really because I couldn't do anything over the weekend with it.....I couldn't move, my kids had to help me up off the couch, everything....I couldn't do anything, the whole lot. I was stuck in pyjamas all weekend" (Participant 1)

Box 3b Quotion from Theme 3

"When I've got a 2 year old little boy I can't lie down all day, as much as I'd like to....I haven't been able to cuddle him and it's killed me not being able to bath him, not being able to put his pyjama's on... it's awful and he doesn't understand, he's only 2.....I've had to have someone with me every day since I did it" Participant 3

Box 3c Quotation from Theme 3

"I can manage now, I managed to read him his bedtime story and put his pyjama's on last night so I was happy" Participant 3

Box 4A Quotations from Theme 4

"It just went and it felt...different" (Participant 8)

"It's happened a few times but not as bad....for some reason this time it was different"(Participant 9)

Box 4B Quotations form theme 4

"they just said there's nowt we can do , you can see someone but we won't be able to do owt and it'll be three hours so I just went"(Participant 11)

Box 5a Quotations from Theme 5

"I just wanted to know what was wrong with me" (Participant 3)

"Just reassurance that it was okay, it was something that I'd just pulled and not in the process of dying" (Participant 5)

Box 5b Quotation from Theme 5

"I thought oh my God, what is happening to me, am I ever going to walk again?"(Participant 10)

Box 6a Quotations relating to theme 6

"I said is there any chance of a scan.....I thought there's more to this" (Participant 9)

"you need a scan just to make sure because I, err, we're not medical professions to the extent

of a Dr but you know that's not right" (Participant 3)

Box 6b Quotation from Theme 6

"[I asked].. for an x-ray so I could have proof that it's got worse because I know it's got worse. So there must be something on an x-ray to say yeah that it's got worse" (Participant 7)

Box 6c Quotation from Theme 6

"actually investigate further as to what was wrong with me...I was so confused, no-one told me what was wrong with my back" (Participant 10)

Box 7a Quotations from Theme 7

"my dad just said forget it. We'll just take you to the out of hours" (Participant 3)

"Me son, before we had chance to do anything, he phoned for an ambulance" (Participant 8)

Box 7b Quotation from Theme 7

"I rang my GP in the morning and I explained what happened and she (receptionist) said to be quite honest all we're gonna do is send you to the hospital so to save yourself time waiting for our appointment you might as well just go straight there"(Participant 3)

Box 7c Quotation from Theme 7

"Every time I go to my Dr's, my Dr's telling me to go to A&E and then A&E are telling me to go to my Dr's" (Participant 7)

Box 7d Quotation from Theme 7

"The GP would probably have just sent you to the hospital anyway....At our place they do it with [everything], if they don't know enough they just send you straight to the hospital" (Participant 8's husband)

Box 7e Quotation from Theme 7

"(The second time) I just drove to the hospital, I thought I'm not even messing about going there [to the GP]...I'll just go straight to the hospital"

Box 8a Quotations from Theme 8

"I thought, I can't go back to A&E because they're not going to do anything for me" (Participant 10)

"They gave her painkillers and kept an eye on her until the pain went...but there was nothing else they could do" (Participant 8's husband)

Box 8b Quotations Relating to Theme 8

"Straight to hospital, no hesitation, straight there" (Participant 9)

"That's the only place, where else can I go?"(Participant 10)

Box 8c Quotations Related to Theme 8

"they just said there's nowt we can do , you can see someone but we won't be able to do owt and it'll be three hours so I just went"(Participant 11)

Box 8d Quotation Relating to Theme 8

"not got a clue to be honest because it took me ages to get anywhere didn't it so I don't know"(Participant 11)

Text box 9 - Discussion section

"...he kept on tutting and pulling his face and stuff like that.....they were all there giving me dirty looks"(Participant 9)

Ethical Approval: The study was given a favourable opinion by the Central Manchester Research Ethics Committee, number 10/H1014/81.

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Conflict of Interest: NONE

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