

Attitudes of responsibility for musculoskeletal disorders

Instrument development, distribution and association to background factors in a general population, relationship to outcome of physiotherapy treatment and patients' narrated views.

AKADEMISK AVHANDLING

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av

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- I. Larsson Maria EH, Nordholm Lena A. Attitudes regarding responsibility for musculoskeletal disorders - Instrument development. *Physiotherapy Theory and Practice* 2004, 20:187-199.
- II. Larsson Maria EH, Nordholm Lena A. Responsibility for managing musculoskeletal disorders - A cross-sectional postal survey of attitudes. *BMC Musculoskeletal Disorders* 2008, 9:110.
- III. Larsson Maria EH, Kreuter Margareta, Nordholm Lena. Is patient responsibility for managing musculoskeletal disorders related to self-reported better outcome of physiotherapy treatment? Accepted for publication in *Physiotherapy Theory and Practice*.
- IV. Larsson Maria EH, Nordholm Lena, Öhrn Ingbritt. Patients' views on responsibility for the management of musculoskeletal disorders – a qualitative study. Manuscript submitted.



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ABSTRACT

Musculoskeletal disorders are common in the population and almost everyone will experience musculoskeletal discomfort at some point in life. Besides causing pain and disability, musculoskeletal disorders also involve economic burdens on individuals, health systems, and social care systems. But what are the attitudes and expectations concerning the management of these disorders? Who do people consider responsible for the prevention, treatment, and management of musculoskeletal disorders?

The aim of this thesis was to explore attitudes of responsibility towards musculoskeletal disorders; to whom or what a general population placed responsibility for the management of musculoskeletal disorders and whether attitudes could be related to background factors or to the outcome of patients' physiotherapy treatment. A further aim was to investigate and describe how patients reasoned about the responsibility for musculoskeletal disorders. The central aim was investigated in four separate studies.

The Attitudes regarding Responsibility for Musculoskeletal disorders instrument (ARM), was developed and psychometric proprieties evaluated to establish validity and reliability of the instrument. The final selection of 15 items suggested acceptable reliability, satisfactory stability and support for face validity, content validity and construct validity. In cross-sectional, postal questionnaire surveys, the ARM instrument was used to investigate general attitudes to responsibility for the management of musculoskeletal disorders (n=1082), associations between attitudes and background variables (n=683-693 out of the 1082) and whether patients' attitudes towards responsibility for musculoskeletal disorders were related to the patients' self-reported outcome of physiotherapy treatment (n=278). Furthermore, 20 interviews with patients regarding their thoughts and reasoning in regard to responsibility for musculoskeletal disorders were analysed using qualitative content analysis.

This thesis shows that a majority of the respondents displayed attitudes of taking personal responsibility for musculoskeletal disorders and sharing responsibility with medical professionals, and did not place responsibility for the management out of their own hands or on employers to any great extent. The main associations found between attitude towards responsibility for musculoskeletal disorders and investigated background variables were that physical inactivity, musculoskeletal disorder related sick leave, and no education beyond compulsory level, increased attributing responsibility on someone or something else. Patients who attributed personal responsibility were more likely to report a better outcome of physiotherapy treatment. The interviews revealed six interrelated categories: Taking on responsibility, Ambiguity about responsibility, Collaborating responsibility, Complying with recommendations, Disclaiming responsibility and Responsibility irrelevant with the central theme identified as; own responsibility needs to be met.

In conclusion, own responsibility for the management of musculoskeletal disorders should not be underestimated. The responsibility should be shared with the medical professionals but also identified and met by society, employers and family. Background factors can be of importance for accepted attitudes. The common belief is that society having knowledge should take responsibility for prevention and that health care should provide fast accessibility, diagnosis, prognosis, and support for recovery. For long-term management, the individuals questioned felt that they were personally responsible to make the most of their situation despite their disorders. It might be worthwhile deciding whether to match treatment to attitude or attempt to influence a patient's attitude towards personal responsibility, as those who took a more internal attitude appeared to get better results from physiotherapy treatment. Each individual's attitude of responsibility for musculoskeletal disorders should be taken into account when planning prevention, treatment and management of these disorders on an individual and group level.

Key words: responsibility, attitude, musculoskeletal disorders, cross-sectional study, qualitative content analysis, physiotherapy, outcome of treatment, psychometric properties, validity, reliability