

'Back-breaking' work beliefs contribute to health workers' pain

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Whether from heaving, twisting, bending or bad lifting postures, it's well known that caring for the sick or elderly can lead to back pain. This often results in time off work or dropping out of caring professions altogether. Now Danish research published in the online open access journal *BMC Musculoskeletal Disorders* suggests that the fear of getting back pain from care work is predictive of actually developing it.

Among healthcare workers, studies have found LBP rates during a 12-month period of 45-63 percent compared with 40-50 percent in the general population. Rather than avoiding [physical activity](#), medical guidelines based on LBP research recommend staying active and continuing normal daily life, including going to work.

Jette Nygaard Jensen and colleagues from the National Research Centre for the Working Environment, Copenhagen, Denmark set out to investigate the association between physical work load and lower back pain (LBP), and whether fear-avoidance beliefs had a predictive effect on developing LBP. Fear-avoidance beliefs involve avoiding physical activities that are expected to cause pain, although ironically these beliefs are often associated with developing [chronic pain](#).

2677 female healthcare workers were given questionnaires that measured both fear-avoidance beliefs about work and fear-avoidance beliefs about physical activity. The researchers found that the picture differed among those who had already suffered from LBP versus those who had not.

For those who had a previous history of LBP, both workload and fear-avoidance beliefs played a part in new episodes of LBP. In general, a greater workload was associated with more LBP, and workload had a greater role to play than fear-avoidance beliefs.

For those without an LBP history, workload was not a significant factor in developing LBP during the study, but fear-avoidance beliefs were. For both groups, fear-avoidance beliefs could be used to predict LBP - this included fears that both work and physical activity would lead to pain. Specifically, both types of fear-avoidance belief were prospectively associated with a higher number of days with LBP (30 days or more).

"From a treatment perspective, focusing on changing fear-avoidance beliefs among those with more or less chronic LBP may be beneficial," says Jensen. "Health care professionals may benefit from additional education or information about how to cope with acute or chronic LBP. Particularly information about the potentially harmful effect of avoidance-behaviour could be useful."

More information: The predictive effect of fear-avoidance beliefs on low back pain among newly qualified health care workers with and without previous low back [pain](#): a prospective cohort study; Jette Nygaard Jensen, Karen Albertsen, Vilhelm Borg and Kirsten Nabe-Nielsen; *BMC Musculoskeletal Disorders* (in press); www.biomedcentral.com/bmcmusculoskeletdisord/

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