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A qualitative exploration of emergency clinicians' experiences of caring for patients experiencing back pain

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Abstract

Introduction: Patients who present to emergency care experiencing back pain have a wider range of underlying causes, including higher rates of serious pathology. Clinical guidelines tend to focus on primary care, citing low rates of serious pathology and advocating conservative management of chronic non-specific back pain. These guidelines appear difficult to apply to emergency care, but little is known about emergency clinicians' experiences of delivering care to this patient group.

The primary aim of this study was to explore the experiences of emergency clinicians in caring for patients experiencing back pain. Objectives of the study were to explore:

- The understanding of the term 'back pain';
- Perceptions of whether these patients make up a significant proportion of the clinicians' case load;
- The care that clinicians provide and their confidence in offering that care;
- Opinions of what, if anything, would improve care for this patient group.

Methods: The study is a qualitative exploration using reflexive thematic analysis to construct themes from a series of semi-structured interviews. The interviewer, and primary coder, is an experienced academic paramedic with an insider position in relation to emergency care. Other members of the research team provided oversight and review.

Results: Thirteen interviews were conducted with a range of emergency clinicians (doctors, paramedics, nurses and physiotherapists). Four themes and ten sub-themes were constructed. The four themes were: understanding back pain; emergency medical services as a legitimate choice for patients; benign or sinister pain; and treatment options.

Conclusions: Emergency clinicians have a nuanced understanding of back pain and its presentations. Their understanding of back pain recognised it as a complex presentation, but their focus is on identifying serious causes. Participants identified limited formal education on back pain and this gap was plugged by their own and others' experiences, often through stories of notable episodes. Clinicians were sympathetic to patients experiencing back pain. Patients were perceived as accessing emergency care due to being distressed; clinicians valued the opportunity to take time with patients, but viewed themselves as the 'back-stop' in healthcare. When differentiating between benign and sinister presentations it was recognised that serious pathologies, while less common, did present to emergency care, and once red flags had been used to rule in or out serious pathology, other cases could be referred elsewhere. While participants felt supported in offering treatment, many of the treatments used are not advocated in national guidelines.