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

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## Background

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.

## Aims

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:

- 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

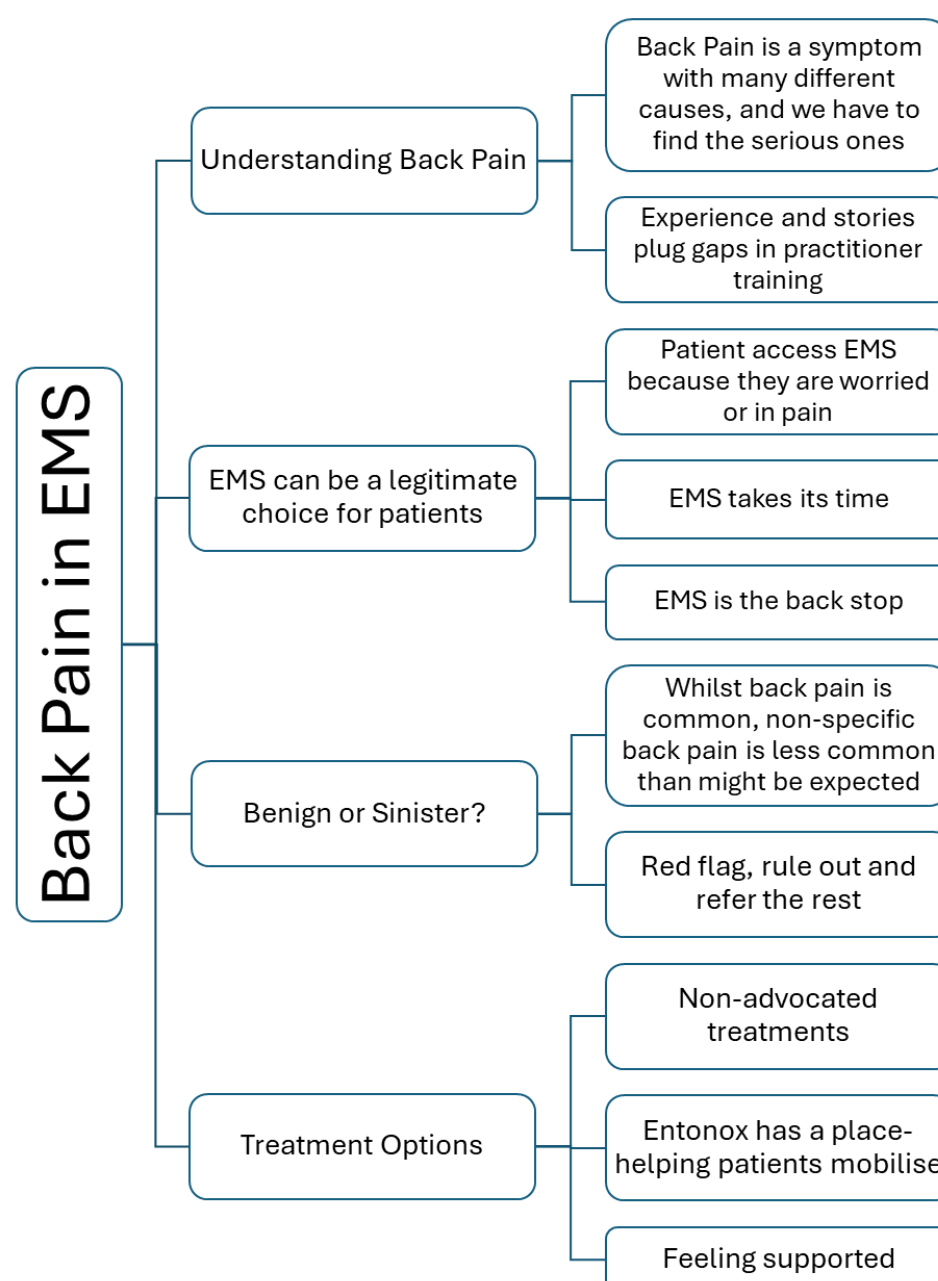
The study was a qualitative exploration using reflexive thematic analysis as described by Braun and Clarke. Data collection took the form of 13 semi-structured interviews with a range of emergency clinicians. The interviewer, and primary coder, (MC) is an experienced academic paramedic with an insider position in relation to emergency care. The interviews were transcribed and analysed by the primary researcher (MC) with other members of the research team (CR, JM, DM) providing oversight and review.

## Key Points:

- The backpain population presenting to emergency care is different
- There are higher rates of serious and non-spinal pathologies in emergency care
- Emergency clinicians are the "back stop" for the rest of healthcare, but are mostly confident and feel supported by specialist colleagues
- Non-advocated treatments are often used when attending patients in acute crisis in their own home
- Entonox can be beneficial, but cannot be used long-term, and has no evidence base
- Less-experienced clinicians make most use of guidance and it should include the challenges of managing undifferentiated cases

## 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", "EMS can be a legitimate choice for patients", "Benign or Sinister?" and "Treatment Options".



## Themes

**Back pain is a symptom with many different causes, and we have to find the serious ones.** Participants found back pain clinically challenging. It was most often understood as a symptom, and they often focused on a biomedical model of care that seeks to find problems and fix them.

**Experience and stories plug gaps in practitioner training.**

Back pain was rarely covered in participants' foundational education. Many shared stories unprompted that they use to explain back pain, some were their own, some were from other clinicians.

**Patients access Emergency Medical Services (EMS) because they are worried and in pain.**

Participants were mostly sympathetic to patients presenting with back pain, recognising that it can be very distressing.

**EMS takes its time.**

Without an appointments system participants could take their time, if necessary. This is valued by patients and may be a driver for attendance.

**EMS is the back stop**

Patients recognise that Emergency Departments and the Ambulance Service are always available. It is also where other clinicians send their patients when they are unsure.

**Whilst back pain is common, non-specific back pain is less common than might be expected.**

There was experience with non-specific back pain, patients with a structural cause were frequently seen.

**Red flag, rule out and refer the rest.**

In categorising presentations, clinicians used red flags and investigations to identify those that were sinister. In the absence of these patients were referred back to primary care without needing to find a diagnosis.

**Non-advocated treatments.**

Some non-advocated treatments were mentioned as being useful in the emergency setting.

**Entonox has a place helping patients mobilise.**

Entonox was a drug used to mobilise patients with acute exacerbations but is impractical as a long-term solution.

**Feeling supported.**

Despite a lack of emergency specific guidelines most participants felt supported when speaking to others (usually GPs or orthopaedics).