

Quality of Life among Nurses with Low Back Pain: A Review

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Abstract

Background and Aim: Nurses experience the highest incidence of work-related back injuries, a serious and costly problem that affects their profession. The main aim of this review was to highlight the quality of life of nurses who suffer from low back pain. **Methods:** A review of previous literature review about the impact of LBP on the nurses has been reviewed. The database which was be used for this review included the Cumulative Index of Nursing and Allied Health Literature (CINAHL®), Ovid MEDLINE, PubMed, Ovid OLDMEDLINE, Embase Classic + EMBASE (Ovid), The Web of Science (Thomson Reuters). **Conclusion:** Several studies revealed a significant decrease in the quality of life among nurses who have work-related LBP among nurses. This effect would have its significant magnitude on the nurses’ work and on the quality of healthcare as well. **Recommendations:** This review promoted the need to adopt an effective educational program with clinical training into basic nursing education and health care practices to maximize the quality of life among nurses in order to reduce the incidence of work-related LBP among nurses.

Keywords

Nurses, Quality of Life, Back Pain

1. Introduction

Low back pain (LBP) disability is a serious and costly problem that affects the nursing profession [1]. LBP is reportedly an escalating health issue among individuals worldwide, with a lifetime prevalence that ranges from 60% to 90% [2] [3]. LBP predominantly affects the working population in developed and developing nations, leaving a number of individuals disabled [4] [5] [6].

The impact of LBP includes: loss of physical function; deterioration of general health and reconditioning (loss of muscle tone and weight gain); constant or

episodic pain or increase in the level of pain; loss of social functioning manifested as decreased participation in social and leisure activities; deterioration of the quality of life (QoL); family stress or loss of group and community relatedness (often associated with decreased income and/or job loss); and disruption of psychological functioning manifested through insomnia, irritability, anxiety, depression, and somatic complaints [7].

Moreover, members of the nursing staff belong to the group of high-risk professionals because of the occurrence of musculoskeletal injuries, especially lumbar spine injuries, which can significantly interfere with the quality of life and general function of nurses [8]. Musculoskeletal injuries and disorders are detrimental to the nurse and to the patients and the organization [8].

2. Quality of Life in Healthcare

In the field of healthcare, QoL for healthcare providers and patients with acute and chronic health conditions has become an important factor, this QoL has multiple domains including physical, social, spiritual, psychological [9]. The lives of people with chronic ailments have been extended by medical advances in the 20th century [10]. However, researchers are pressured to measure the opinions of patients regarding their care, the burden of that care, and living with their conditions because of the escalating costs, limited resources, and demands of evidence-based practice [11].

Empirical data can no longer be the sole determinant of quality care. Simply measuring objective outcomes has become insufficient; practitioners should also consider the subjective experience of living with a chronic ailment [12]. Hence, healthcare interventions should increase their focus in improving QoL [13].

3. Quality of Life and Low Back Pain

The WHO first defined QoL in 1948, and the term was often used after World War II and became a popular expression in the 1960s. The WHO defined QoL as perception of individuals regarding their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. QoL is a broad concept that is influenced by the physical health and psychological state of a person, as well as their level of independence, social relationships, personal beliefs, and relationship to the salient features of their environment [14].

This concept is crucial to the new definition of health according to the WHO, that health is “*a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity*” [15]. Currently, this statement is “*glibly used in a wide range of contexts*” [16] and fields as diverse as advertising and politics. The term is used, defined, and approached by different disciplines in a unique manner [17].

3.1. QoL and Physical Changes in the Nurses with LBP

A relationship between pain and physical capabilities was observed among indi-

viduals with LBP [18]. Disuse syndrome is among the other physical problems related to chronic pain. Patients often limit their activities and responsibilities to prevent additional pain, which results in muscle weakness and activity intolerance, thus leading to more pain and fear of pain. This condition is known as “fear-avoidance behavior” [19]. Waddell’s Fear-Avoidance Beliefs Questionnaire can be used to assess this construct because of the specialized and compartmentalized nature of western medicine. Fear-avoidance behavior is a cycle that eventually leads to disability [20]. One of the strongest predictors of disability is the duration of pain [19].

3.2. QoL and Psychosocial Effects of LBP

Considering that it is regarded as an overwhelmingly negative experience LBP can have a heavy psychosocial effect on patients. Compared with normal individuals, patients with LBP have twice the risk of depression [21]. Patients with lower QoL have higher psychological distress than the normal individuals and patients with other chronic diseases [22]. WHOQOL-BREF as control of QoL was used to assess job demands, sports activity, and back pain. Their results indicated that trained workers have an increase in QoL and concluded that a training program reduced back pain and has a positive effect on QoL [23]. In addition, LBP leads to psychological distress, withdrawal, anxiety, loneliness, anger, and affecting the social status of patients [12] [19]. The psychosocial burden of this increase in pain signals modifies the pain experience. Meanwhile, LBP disrupts the lives of patients in the form of sleep disturbances and deterioration in the ability to function normally, exacerbating the psychosocial burden of pain [24], impact of LBP can be elaborated in terms of its intensity and duration as well as its effect on the nurses’ performance, such impact can be measured through specific tools and methodological approaches [23].

4. Conclusion

Several studies revealed a significant decrease in the quality of life among nurses who have work-related LBP among nurses. This effect would have its significant magnitude on the nurses’ work and on the quality of healthcare as well. This review and findings can be used as a significant guide for healthcare managers to include specific educational program to decrease LBP among nurses, and also it can be used to formulate a clear methodological approach for maximizing the issue of QoL among nurses.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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