Health promoting factors
in people with chronic musculoskeletal pain
or with rheumatic diseases:
a descriptive and interventional study

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ABSTRACT

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The overall aim of this thesis with a salutogenic approach was to describe health promoting factors in people with chronic musculoskeletal pain and in people with rheumatic diseases, and to evaluate the effects of an intervention study with a self-care promoting PBL-program for people with rheumatic diseases having chronic musculoskeletal pain, sleep disturbances and/or fatigue. Methods: The thesis is based on studies including four samples: a randomly selected sample from a Swedish general population (study I) and three different samples containing people with rheumatic diseases registered at a Swedish hospital for rheumatic diseases (studies II, III and IV). Study I had a longitudinal cohort design with an eight-year follow-up in a general population. There were 1 109 participants without pain and 700 participants with chronic musculoskeletal pain. Study II had a longitudinal cohort design with participants with rheumatic diseases (n=185) 12 months after rehabilitation at a hospital for rheumatic diseases. Study III had a descriptive qualitative design and twelve participants were interviewed about their experiences about health-promoting self-care. Study IV had a randomised controlled design with post-test after the one-year self-care promoting problem-based learning (PBL) program for people with rheumatic diseases. The participants were randomly assigned to the experimental group, 54 participants, or to the control group, 148 participants. Data in studies I, II and IV were analysed with statistics. In study III a Husserlian phenomenological approach based on a reflective life-world perspective was used in the data collection and analysis. Results: Study I: Although participants without pain reported better health-related quality of life (HRQL) than participants with chronic musculoskeletal pain, similar health factors were found to promote a better HRQL in the eight-year follow-up. The most important factors were feeling rested after sleep and having good sleep. Study II: The most important factors promoting better outcome in HRQL 12 months after rehabilitation in participants with rheumatic diseases were having a strong sense of coherence (SOC), feeling rested after sleep, having work capacity, and having good sleep. Study III: The meaning of health-promoting self-care as experienced by people with rheumatic diseases was that self-care takes place against a background of continual hope and belief to be able to influence health in positive ways. Self-care was a way of life and implied being ready to understand and respond to signals from the body. Three interrelated constituents elucidated the experiences: dialogue, power struggle and choice. Study IV: At the six month follow-up the participants in the experimental group had stronger empowerment after participation in the self-care promoting PBL-program compared with the control group which only got standard care for people with rheumatic diseases. The participants in the experimental group also stated that they had implemented lifestyle changes which they had not done without the PBL-program. Conclusion: The results of this thesis provide a valuable and useful insight in health promoting factors in people with chronic musculoskeletal pain or with rheumatic diseases, but also in that people with rheumatic diseases benefit from taking part in patient education with a self-care promoting PBL-program. These results contribute to evidence supporting the introduction of a more salutogenic approach in rheumatology care and research.