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Drop-out from rehabilitation in non-native patients with chronic non-specific low back pain

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Summary

The last decades the Dutch rehabilitation sector has been confronted with growing numbers of non-native patients. Prior research in the rehabilitation sector showed that barriers are present in the care for non-native patients. Moreover, health professionals in clinical practice observed that non-native patients dropped out more often than native Dutch patients. The aim of this thesis was to explore barriers in the process of rehabilitation care for non-native patients in The Netherlands and potential solutions to improve the process of care for these patients. This thesis focussed on research into reasons for drop-out from rehabilitation treatment in patients with chronic non-specific low back pain. Furthermore, it has been studied which solutions and strategies to improve the care for this patient group have been implemented in clinical practice of rehabilitation care.

Chapter 1 is a general introduction on this thesis and provides an overview of the differences in health, healthcare use and barriers in the use of care by non-native patients compared with native Dutch patients. Furthermore, the specific situation in the rehabiliation sector and the theoretical framework are described. The introduction ends with an overview of the different study aims of this thesis.

In **Chapter 2** the results of a study into the difference in drop-out rate between native and non-native patients with chronic non-specific pain are presented. Drop-out among patients of non-Dutch origin (28.1%) was twice as high as among native Dutch patients (13.7%); the overall drop-out rate was 18.7%. Furthermore drop-out was related to treatment in a rehabilitation centre and the diagnostic phase of a rehabilitation programme

The aim of study which is described in **Chapter 3** was to determine differences in reasons for drop-out between native and non-native patients with chronic non-specific low back pain who participated in a rehabilitation programme. This medical file study into patients who dropped out in the study described in chapter 2 shows that non-native patients drop-out more often due to different expectations regarding the content of rehabilitation treatment than native patients did.

Chapter 4 describes the results of an interview study into sources of tension in the patient physician interaction during the first consultation by rehabilitation physicians and patients with chronic non-specific low back pain of Turkish and Moroccan origin. Factors that led to tension in the patient physician interaction were: differences in expectations regarding the aim of treatment, symptom presentation, views on responsibilities with regard to rehabilitation treatment, communication problems and shame, lack of trust, and contradicting views of physicians from the patients' country of origin with regard to the cause and treatment of pain. These factors potentially are associated with future drop-out of patients.

In **Chapter 5** an interview study is reported into the reasons for drop-out from rehabilitation treatment by patients with chronic non-specific low back pain of Turkish or Moroccan origin. Interviews were held with patients and rehabiliation physicians who were involved in the treatment of these patients. Factors that led to drop-out were: different expectations regarding aim of rehabilitation treatment, lack of acknowledgement of the patient' complaints by the physician and the treatment team, communication problems, lack of trust in the rehabilitation physician and contradicting views of the physician from the patients' country of origin with regard to the cause and treatment of pain. Patients having different expectations regarding the aim of treatment than their health providers was the major reason for drop-out from the diagnostic or treatment phase of a rehabilitation programme. Moreover, often no relationship based on mutual trust was reached and communication problems were not solved adequately, which disturbed the treatment process.

In **Chapter 6** the results of an interview study into patients' and therapists' experiences with an adapted programme for complex cardiac rehabilitation are described. Because the existing rehabilitationprogramme did

not meet the needs of non-native patients, who do not speak Dutch or have a limited proficiency in Dutch, this adapted programme has been developped. The results show that the patients' disease symptoms diminished and patients adopted lifestyle changes. Due to the structural use of professional interpreters patients had the possibility to ask for further explanation if they did not understand; this helped patients to better understand the origin and treatment of their disease. Therapists experienced that the number and length of consultations, the structural use of interpreters and (audio) visual educational materials contributed to the achievement of the treatment aims. Cardiac rehabilitation is comparable with rehabilitation in patients with chronic pain because both programmes aim for lifestyle changes in health behaviour. The pain rehabilitation sector may learn from adapted interventions and strategies, which are used in the adapted cardiac rehabilitation programme, in order to improve the accessibility and quality of care for non-native patients.

The aim of the study, which is described in **Chapter 7** was to determine how often adaptations to pain rehabiliationprogrammes for non-native patients in The Netherlands were realised. The second aim was to determine whether institute characteristics were related to having realised adaptations for non-native patients. Less than half of the institutes implemented one or more programma adaptations for non-native patients. Institutes with a high percentage of non-native patients were more likely to have adapted their rehabilitation programmes for patients with chronic non-specific pain of non-native origin, than institutes with a low percentage of non-native patients. Although other interpretations cannot be excluded, institutes which have initiated adaptations to the rehabilitation programme seem to attract more non-native patients.

The general discussion in **Chapter 8** provides a reflection on the results of the studies that have been conducted for this thesis. Furthermore the implications and advices for clinical practice of rehabilitation care in patients with chronic non-specific low back pain of non-native origin are described. Lastly recommendations for future research are given.