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Participants experience of the Joint Pain Advice in the Workplace programme

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ABSTRACT

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INTRODUCTION

Musculoskeletal (MSK) health is central to health, wellbeing, physical functioning and healthy ageing. It is a public health priority to help maintain and improve the MSK health of the population across the life-course, supporting people to live with good lifelong MSK health with freedom from pain and disability and the ability to maintain economic independence (PHE, 2019a). MSK conditions are the leading cause of disability in UK (Steel et al., 2018), are highly prevalent in the adult population and contribute to multimorbidity, anxiety and depression (PHE, 2019b). MSK conditions are the biggest cause of working days lost each year in the UK, through sick leave and early retirement. In 2018, in the UK, 27.8 million working days were lost due to any MSK condition (ONS, 2018). With an ageing population, rising retirement age and societal lifestyle changes leading to increased obesity and physical inactivity, the importance of MSK health in the working population is set to grow with an increasing economic impact on individuals and society (Parker et al., 2020).

The majority of adults belong to a workplace community and increasingly the workplace is a setting for health and well-being initiatives. Joint Pain Advice (JPA) was developed by the Health Innovation Network (HIN) and is an innovative approach to help people understand and manage their knee, hip or back pain (Walker et al., 2018). This is achieved through education and exercise, teaching people how to self-manage, control their symptoms and alter the course of their condition. The programme is delivered by trained Advisors and takes the form of up to four appointments, usually half an hour at a time, over a six months period. In these face-to-face consultations Advisors work collaboratively with people with hip and/or knee osteoarthritis and/or back pain, focusing on supporting self-management. Using behavioural change techniques Advisors discuss with individuals their lifestyle, challenges and goals. They jointly develop an action plan which includes tailored advice and support based on NICE guidelines to reduce joint and/or back pain (National Institute for Health and Clinical Excellence, 2014) and back pain (National Institute for Health and Clinical Excellence, 2009). Such a plan may include increasing physical activity, supporting weight loss (where appropriate), effective pain management, social prescribing and sign-posting to appropriate services (community exercise groups, physiotherapy, pharmacists for pain management advice, weight management groups, smoking cessation, mental health support). JPA can be delivered by a range of professionals and has been delivered in a variety of clinical and community settings with positive results (Hurley et al., 2019; Walker et al., 2018).

As part of an initiative funded by the UK government's Work and Health Unit to test potential solutions to help people with disabilities and health conditions to remain in work, a study evaluated the feasibility of setting up and delivering Joint Pain Advice services on site in large public organisations and private small and medium enterprises (SMEs) in Cornwall and London. In London the programme was delivered "in-house" by staff who were trained to deliver the programme. In Cornwall there was a peripatetic model with 2 health promotion experts trained in JPA delivering the service to organisations and businesses across the county. A total of twenty organisations took part with 476 people accessing the service. The service was offered to employees who met the following criteria:

40 years or older with a history of knee or hip pain (sometimes labelled osteoarthritis) lasting more than 3 months

18 years or older with a history of non-specific low back pain lasting more than 3 months.

The quantitative outcomes of the study are reported elsewhere (Hurley et al., 2021). This article reports on the qualitative evaluation of the study which was carried out with employees from organisations and SMEs in Cornwall who accessed the service.

METHODS

PARTICIPANTS & DATA COLLECTION

277 staff from a total of 16 organisations in Cornwall, including 8 SMEs, took part in the JPA programme. Staff were recruited from 11 of these organisations to take part in the qualitative evaluation. The organisations from which participants were recruited varied in size and sector, and included food and drink production, tourism, housing, local government, healthcare, public service, ship building, construction and education. The two JPA Advisors who delivered the programme in Cornwall emailed all those participating in the study to inform them of the opportunity to be interviewed. A convenience sample of 10 individuals from 9 different organisations and businesses were invited for interview. The interviews, 40-60 minutes in length, were conducted by telephone with the respondent either at work or at home, whichever they found most convenient. In addition, two face-to-face focus groups were held with a total of 14 participants at 2 different organisations. Both focus groups, of approximately one hour long, were conducted in the workplace. Participants' work roles were semi-skilled, skilled and professional and included, among others, factory worker, administrator, cook, housing officer, construction manager, tradesman, horticulturalist and IT lead. All the participants were experiencing back, knee or hip pain. Some were experiencing pain in more than one of these regions. Participants attributed their pain to a range of causes including osteoarthritis, congenital problems, old age and injury. Interviews and focus groups explored participants' experience of the JPA programme, the impact of the programme and their views on delivery of the programme in the workplace.

With the participants written consent the interviews and focus groups were digitally recorded and transcribed.

ANALYSIS

The transcriptions of the interviews and focus groups were loaded on to NVIVO, a software to support qualitative analysis. Initial themes were identified from the topic guide and interview schedule, additional themes and sub-themes were identified from the data through inductive thematic analysis (Braun & Clark 2006). Through engaging in an iterative process of reading and reflecting, these themes were further developed resulting in a qualitative description of the data. The themes and sub-themes were populated with examples of participant quotes to ensure grounding in the data. The coding was carried out by one researcher (JE). To provide assurance that the analysis was trustworthy other members of the team (RH & ADW) independently reviewed this preliminary analysis, and then reached consensus on the key themes and sub-themes representing participant experience of and views on, JPA.

RESULTS

The analysis identified two domains: The experience of JPA and Delivering JPA in the workplace.

Domain 1 The experience of JPA

Table 1 provides a summary of the themes and sub-themes of Domain 1 with example quotes. Five key themes were identified in this domain:

Theme 1: Deciding to use the JPA service.

Participants spoke about why they had decided to use the JPA service when they saw it advertised by their employer. There was a range of reasons. There was a strongly expressed desire to learn more about how to manage their MSK problem.

F1: I decided to use it because I'm a firm believer that you can help yourself with your own healthcare and really, to get ideas and thoughts of how I can help myself.

Participants expressed uncertainty about how to implement the advice that health professionals had given them and saw this as an opportunity to find out how to "do things properly". For example, to get practical advice on how to do exercises that had been prescribed to them previously by physiotherapists or chiropractors. This relates to another sub-theme that emerged - dissatisfaction with the service they had received or were receiving from the NHS, particularly from primary care. Participants commonly felt that their back and/or joint pain problem was not being understood or taken seriously by health professionals and that they were too often "just dismissed" with leaflet. A number of participants who were in constant pain had tried to obtain relief from their pain from a whole array of health providers both in the NHS and privately but without success. They felt they had tried everything else and so were willing to "give JPA a bash" in the hope that it would help. Some participants said they would try anything in the hope that it would lessen their pain.

F3: ...to be quite frank, at that point, I would have tried absolutely anything to relieve the pain, I would have covered myself in blue paint and run naked, if needs be.

For two of the interviewees who were currently off work the programme gave them an opportunity to show their employer that they were pro-actively taking positive steps towards their return to work.

Theme 2: Comparing the JPA to other services

Participants compared the JPA with other services they had consulted for their MSK pain. These included GPs, NHS and private allied health practitioners such as physiotherapists and, in larger companies, occupational health. Whilst some participants were disappointed by the JPA advisors lack of clinical skills (see Theme 6 below), participants compared favourably with the other services the opportunity to have the time to talk one-to-one with someone about their problem. This was highly valued and was highlighted as a key difference between the JPA and other health care services they had previously used for their MSK problem.

I2: I think, like I say, just talking about it with someone that understands. You go to the osteopath or physio and they're all kind of fix something, whereas this is just helping to adjust my own attitude towards it, I think, maybe has helped.

Participants characterised the JPA approach to their clients MSK problems as "holistic". In comparing them to other services they had used they appreciated that the JPA took an approach which looked

not just at the painful part of the body but at the whole person and their life, helping them to be aware of their own attitudes towards their body and their pain.

F3: For me, this whole [JPA] clinic wasn't a solution to – I don't know – a broken bone or anything. It wasn't that. It was more about linking the whole body together to try and make things improve.

I4: I was bereaved five and a half years ago and I hadn't realised from that, the physical pain, I mean, obviously I'd had counselling and things, and it wasn't till I started to talk to [JPA Advisor] that I realised that maybe some of the aches and pains that I have got, and had for a while, but only since in the last five years, was triggered by the grief.

Theme 3: The impact of JPA

Participants spoke about the impact the JPA sessions had on them and their behaviour. Most commonly participants spoke about their increase in physical activity, weight loss.

Int 4 I've noticed from a personal point of view, I can seem to do more at weekends, I'm not so tired. It's made quite a difference. I can walk further. I'm still not very quick, but I can walk further, and I don't seem to get the joint pain even after a long walk there, which I used to.

I7: Also, the diet side of things, cutting down on fatty, high calorie things, just trying to lose a little bit of weight, if you know what I mean? Even if it's only five or six pounds, so... because of the exercises that she suggested I'm actually losing a fair bit of weight, and it does seem to have made a, well, substantial difference, to be honest. All I'll say is since meeting her and doing a couple of things like she suggested, it [knee] is a lot less painful.

Participants spoke about being able to go back to doing things outside of work that they enjoy and that had been avoiding because of fear of pain or of making their pain worse such as walking, swimming and tennis.

F8: I used to play tennis all the time, and I stopped doing it because I had pain and I thought I'd maybe injure myself, you know, and then I can't walk. And then she made me realise, no, I need to have, you know, strength in my knee, and then I started playing tennis again.

In addition to changes in physical activity, diet and resumption of leisure activities participants also spoke about some of the changes they had made at work because of JPA including moving more, changing position and pacing themselves including being more aware of when they need to slow down and take a break.

I3: I think it's all about, like, the breathing and the stop and thinking, you know, now when I know everything's hurting ...then I do stop, and I go and sit down for a minute, you know, even if it's only two minutes, sit down and let my body relax, you know.

Women in particular talked about how attending JPA made them realise the importance of making the time to care for their own health outside of work despite the competing demands of home and family.

F13: I think the biggest thing for me is at home. I was working all day and then I'd rush in the door and I'd still have my coat on, and I'd start cooking tea and making sure everyone else is okay. What I really didn't do, which I'm only starting to do a little bit, is putting myself before anybody else which I'm now starting to make an effort to do. So, that was the big change for me, really.

The other two sub-themes of the impact of JPA that emerged were changes in the degree of pain that participants experienced and in the use of painkillers. Participants reported a reduction in MSK pain as a result of attending the JPA sessions.

I4: I had a lot of back pain, and I just thought it was arthritis or things like that. It may be, but because I've been doing some different exercises with [JPA Advisor]'s assistance, I haven't got back pain anymore. I haven't had it for about a month now, it's completely gone.

Participants appreciated the opportunity to reduce the number of pain killers that they had to take to relieve their pain.

I6: It's been an absolute God send because to be honest the number of pain killers I was taking was way too high – literally day and night, juggling the paracetamol and the neurofen ... of course I still have to take them sometimes but they don't rule my life any more.

Chronic pain is often associated with feelings of low mood and depression. Participants spoke about their mental health and the beneficial impact of JPA.

I2: To be fair I was feeling pretty low, you know, just being in constant pain, not being able to do stuff, it really gets you down. I don't know whether that's the idea but I've really been feeling a lot more glass half full since I've started JPA – I suppose because she just helps you feel a bit more in control.

I1: Because my biggest problem is with flare-ups and the part of the booklet where it talks about that is really helpful because it really prevents sinking into more depressive moods, which is my particular tendency. So, it was really helpful for that, and I just reread that when I have a flare-up. So, it's really good. Yes, I really loved it.

Theme 4: How JPA brought about the change in participants

JPA had an effect on participants' physical activity, diet, mental health and feelings of control. Participants reflected on how JPA had managed to bring about these changes. They attributed this to a number of factors which have been identified as sub-themes.

One view commonly expressed was that the JPA programme either re-enforced or made people aware for the first time that they needed to take responsibility for own health. Rather than being "victims" of pain and passive recipients of care there was a recognition of their own role in their health outcomes.

F8: ... I kind of saw the light, you know I've been round the houses and nothing's got better so I've got to do something about it myself and that what she [JAP advisor] made me realise.

Participants frequently commented on the way that the JPA programme changed the way they thought about their pain and the importance of this change. It changed the belief, commonly held by people with on-going MSK pain, that if an activity causes pain it is causing more damage.

I2: She offered a different way to think about it [pain] really, was quite nice, yes. There's not much she has been able to do for the actual pain itself, but just viewing it in a different way. Yes, not being afraid of it hurting, if you know what I mean?

Participants felt that much of the change they experienced could be attributed to the JPA advisors skill in motivating people to achieve their goals. They did this by helping participants to set realistic goals and to stick to them. The fact that the participants saw the JPA regularly and had to report back to them was also seen as a motivating factor as was the ability to see tangible evidence of their progress by looking at changes in their scores and sit to stand counts as they progressed through the programme.

Int 8: Like I said, she was really motivating. And the fact that I was going to be seeing her, I guess, made me think, "Right, I've got to do this." It's a bit like when you go to a slimming club or something. You think, "Oh, I'd better do this." Yes, so she was really great in that respect. Knowing your scores was good too because trying to improve on those was a clear challenge.

Participants spoke of the JPA programme making them feel "empowered" to make the changes that they wanted and the degree to which they felt more able to take control of their condition.

F3: Empowering I think is the buzzword.

I7: It's all about feeling in control isn't it, about feeling that you can do something to make things better. It's amazing really what a difference that makes.

Participants frequently commented on the importance of the personality and approach of the individual JPA Advisors in enabling them to make changes. In particular, they spoke about how the advisors empathy and supportive approach made them feel comfortable in talking about their feelings and experiences.

F1: I just thought that to be able to sit with a total stranger who (1) that you were really comfortable to open up to, but, secondly, that you're happy to bear your soul, I think that that's quite a talent on her behalf, actually, and I was quite happy to do so. I don't know about everybody else. I found it amazing, I'm just over the moon.

Theme 5: Improving JPA

Some participants felt that the JPA sessions weren't what they expected. They had thought the sessions would be more clinical and/or hands on – showing participants how to do exercises and manipulation more in line with the role of physiotherapist. In some of the workplaces the JPA programme was referred to as the "JPA clinic" which may have contributed to these expectations of it being a more "medical" intervention. Two of the interviewees had dropped out of the programme because it wasn't what they had expected and felt it wasn't for them. Others continued the sessions even though they were not what they had initially expected.

Int 10: Actually one thing I would say is what JPA was and what I expected it to be was quite different. I don't know whether the information on what it actually is providing could be improved, maybe. I sort of felt that maybe it was someone who was going to look at what your back problem was, or your knee problem, whatever, and help from a more medical or technical sense, if you see what I mean? And that's not what it was... And I have to admit at the beginning, the first session I was a bit like, "Right okay, that's not really what I was expecting this to be." But like I said, it's helped. It's improved, so that's positive.

Two participants suggested that the programme would be more effective if the JPA advisor could work more closely with a MSK health specialist such as a physiotherapist:

I4: I do think that they could be a little bit joined up as well... it's almost like a more powerful package if it came together, the JPA and physios. I think that would be really good. I did end up going and getting physio because of then speaking to [JPA].

Domain 2 Delivery of JPA in the workplace

Table 2 provides a summary of the themes and sub-themes of Domain 2 with example quotes. Three key themes were identified in this domain:

Theme 1 Accessibility

All the participants had positive views towards the JPA service being offered in the workplace. The fact that the JPA programme was being offered for free and being delivered in the workplace was a strong draw as it made it both accessible and convenient. In relation to the logistics and practicalities of booking the appointments all participants were positive about this and obtaining permission from line managers to attend the sessions was not a problem. Participants also appreciated the flexibility around appointments dates and times that the JPAs were able to offer.

I9: Yes, it was good. It was obviously during work at work, so I didn't have to go anywhere, and it was a time in the day that suited my job and me that day. Work was flexible with it, and she was flexible with her time, so all good.

They particularly appreciated that they did not have to travel for the service which made it convenient and time efficient and that it fitted easily into the working day. Participants appreciated not having to take time out of their working day to travel to see someone about their MSK pain. The time keeping and reliability of the JPA advisors was also appreciated.

F9: What I really liked about this was the fact that she's actually in the workplace. It's very time-efficient for the individual and the company, and it's also very focused.....So, I think the fact that we had regular appointments and appointments were spot on all the time. If she said she'd be here, she was always here.

Some participants suggested that if the session had been offered at somewhere other than the workplace they wouldn't have attended:

F8: I think, probably, if we hadn't had it at work, none of us would've gone.

Two participants also spoke of the fact that JPA being delivered in a familiar environment made them feel more comfortable and relaxed in the sessions.

F10: I felt more relaxed having it here at work, to be honest I'm not very good with new people so it really helped that it was just here and it was sort of on my turf.

Theme 2: Impact on behaviour in the workplace

Participants spoke about the changes they had made in the way they carried out their work to protect their MSK health and to ease their MSK pain.

F12: It really made me properly notice what I was doing – you know stupid stuff like not using the hoists and that when I should. I've really been making an effort to do it properly - you want to get the job done but it's not worth mucking up your back for ever is it?

I7: I'm taking the time to get up have a bit of a stretch, move about a bit. Some of the other girls join in now so that's good and I've noticed it's definitely not as painful.

Theme 3: MSK health at work

Participants spoke about feeling that because the programme was being offered by their employer their joint and/or back pain was being appreciated and legitimised. They also felt more able to communicate with their employer about MSK problem.

I4: You know what it's like you don't want to go on about your aches and pains and be a complainer but obviously my job doesn't help my back pain. Knowing that the firm had invited her [JPA advisor] in to help people like me, well it's like, ok this isn't just me being whingey its ok to talk about it.

Attending the JPA programme also made some feel more empowered to ask for changes at work to support their MSK health.

F6: So, yes, it did take for JPA to actually, for me to say, "Well, actually, hello, you know, I should be getting things to help me lift and I should be getting trolleys, and whatever else," you know.

CONCLUDING REMARKS

"Health is created and lived by people within the settings of their everyday life." (WHO, 1986) One of these settings is the workplace, the focus of efforts to improve the health of adults in the UK (DWP 2008). The great majority of the participants of the JPA in the workplace project who took part in the interviews and focus groups were very positive about JPA and its delivery in the workplace. They valued it, the impact it had had on their physical and mental health and well-being and on the management of their MSK health in the workplace.

Most people agreed to try JPA because they wanted help with managing their MSK pain and their needs were not being met. This reflects the evidence that whilst national health guidance recommends that people living with chronic MSK pain are given support to self-manage this support is often not provided (Adams et al., 2019; Jordon et al., 2017). This evaluation indicates that JPA is fulfilling this need and is helping people to reduce their pain by encouraging changes in behaviour which support increase in physical activity and weight loss. It appears to be helping people to think about their pain in a different way, become less fatalistic and more motivated to change. This echoes findings from the delivery of JPA in other settings (Hurley et al., 2019)

Participants reflected on the difference between the JPA and other forms of help they had received for their MSK pain such as physiotherapy and praised the JPA's holistic, person-centred approach. However, some expressed disappointment about the lack of "hands-on" help available from JPA. This highlights the need to manage the expectations of people signing up to the JPA in the workplace programme. The organisations who took part in the project were provided with information sheets, posters, email templates etc. to share with their employees but it would appear that not all participants were clear as to the programmes non-clinical approach. This is something to explore when rolling out the programme to other workplaces.

Having the JPA on offer in the workplace was universally perceived to be a "good thing". Participants appreciated the convenience and time efficiency of having the programme delivered to them in their place of work and the flexibility in appointment dates and times which the Advisors offered. Not having to take time out for a health related appointment is an important advantage especially in a rural county such as Cornwall – 94.2% of the population of urban areas in England are within 20 minutes walk of their GP, in rural areas this is true for only 19.4% of the population (Todd et al., 2015).

Participants reported changing the ways in which they performed their role and taking time for stretches and mini-breaks so as to protect their MSK health and relieve their pain. Communication with peers and managers about MSK health has been highlighted as an important part of promoting, protecting and managing MSK health in the workplace (Larsen et al., 2018; NICE, 2017). JPA participants felt more willing and better able to talk about their MSK problems with their colleagues and managers. Moreover, people spoke of feeling more "empowered" to ask their manager about how to accommodate their MSK problem and how to make reasonable adjustments in their workplace. There were examples where the JPA Advisors acted as advocates for their clients when there were particularly intractable problems at work that were exacerbating the clients MSK pain. This was not an explicit part of the Advisors' role but something that arose spontaneously and perhaps is associated with the "neutral" status of peripatetic advisors who were not employed by the workplace.

In the UK 61% of total employment is in SMEs (BEIS, 2020). In terms of health and well-being SMEs have been characterised as hard to reach and difficult to change (Eakin, 2000). SMEs face particular challenges in terms of supporting the health and well-being of their employees due to a lack of knowledge, resources and access to occupational health and other services (Black, 2008). At the same time SMEs are the least resilient to sickness absence because they have low staff numbers and presenteeism is high (Knani et al., 2018). The peripatetic nature of the JPA service as it was delivered in Cornwall made it available to SMEs which would otherwise not have had the capacity to deliver the programme and the response of SME employees to the programme was good. Chronic pain has a substantial negative impact on work-related outcomes including presenteeism, absenteeism, early retirement and disability (Patel et al., 2012). JPA in the workplace presents a model for delivering MSK services to businesses of all sizes which warrants further evaluation to measure its effect on absenteeism and presenteeism in SMEs and larger organisations.

The interview and focus group participants were recruited from a wide range of organisations and held very varied roles. Efforts were made to recruit interviewees and focus group members who fully reflected the range of experiences that participants had with the programme. It is possible that

those who had disengaged with the service were less likely to put themselves forward to participate in the interviews or focus groups. This feasibility study (Hurley et al., 2021) provides promising results which indicate that the JPA programme is an accessible way for people in the workplace with chronic musculoskeletal pain to receive guidance on the self management of their condition. It reaches people who may be disillusioned with the health service or who may face barriers to accessing services. Research indicates that personal adjustments and workplace interventions are important determinants for people with chronic MSK pain staying in work. (de Vries et al., 2012). JPA in the workplace provides the support and confidence for people to engage with their employers about their MSK health and to start those important conversations about accommodation and adjustments.

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Table 1 Domain – Experience of JPA

Theme	Sub-theme	Example quotes from respondents
Why decided to use JPA	Want to know how to manage their MSK pain	F1: I decided to use it because I'm a firm believer that you can help yourself with your own healthcare and really, to get ideas and thoughts of how I can help myself.
	Want to know how to implement advice given by health professionals	I6: So I've been given exercises [by chiropractor] like on a sheet to do them, but I didn't think I was doing them right, so I thought, if I got hold of yourselves perhaps I could find out whether I was doing them right or if there was anything else I could do.
	Dissatisfaction with the health care received	F6: ...you know you go from pillar to post, GP, physio, back to GP, back to physio and no-one really takes on board what it's like, what a struggle it is trying to carry on with all this pain.
	Tried everything else	I10: Because I was in a place where I kind of thought, "It's going on, it's not getting better. I've tried physio, I've tried the chiropractor. Let's just give something else a go."
	To show employer keen to get back to work	I2: ...because I was off work, yes, I wanted to get back into work. I wanted to be seen to be trying to get back into work, so I'm happy to take whatever might be on offer, and see where it leads...
How JPA compared to other services	Time to talk	F11: I actually found it really nice that you had a bit of time to talk to somebody, because, usually, these days, when you interface with the NHS, there's no time to talk, you know, it's like a conveyor belt, in and out, and I found that this is more personal.
	Holistic approach	F10: ...JPA's not just about, "Yes, you've got a pain, here are some painkillers," but it's also about, "How does it make you feel? How do you manage at home? How do you manage at work? What things do you do? What could you do differently?"
The impact of JPA	Changes in life style	I9: I've started to walk to work and things like that, which has helped with weight loss and my back pain, to the point where I barely ever get back pain now... I found the more I could, the more pressure it took off my back and my knees, and the more I walked and the more I exercised the longer I could stand at the desk for.

	Resuming leisure activities	F3: I am now back to coastal walking, which I'd kind of convinced myself that I really shouldn't be doing because it makes my knee hurt.
	Taking time to care for own health at home	F10 : it just made me more self-aware that, actually, I deserve to be able to do something about it [the pain], you know ... I actually did something about it at home rather than just putting up with it day to day.
	Decrease in pain	I2: I think this time, the aches and pains that I did have, have gone away by just doing different exercises, and I didn't think that would work, but it has, and that's been probably a revelation really...
	Decrease in use of pain killers	F14: I'd been taking lots of Ibuprofen for quite some time to try and overcome the pain, but, through JPA, I've actually stopped taking it altogether now. I feel much better and my pains have just gone away.
	Improvements in mental health	F3: But this [pain] was starting to get me quite depressed, down – it was really starting to impinge upon how I was looking at things, how I was looking at myself... she [JPA Advisor] kind of has actually sorted that out and made me feel more positive again.
How JPA brought about the change	Taking responsibility for own health	F9: I think if it's just one thing, it's learning how to help yourself and to be aware of it yourself more, because we tend to just abuse our bodies, we tend not to exercise. So, it's, kind of, a real reminder that you need to help yourself.
	Changing the way think about pain	F1: But I think the critical thing is understanding that all pain isn't bad pain and that it's okay. That was like a major leap for me, because I'd come from, "If there's any pain, I must be injuring myself. Full stop."
	Increasing motivation	I10: ...the actual technical advice offered wasn't particularly different to what I'd had before. "Keep moving, do stretches, keep active." But it's just incredibly motivating. [JP Advisor] was really a great motivator.
	Increasing self-efficacy	EF4: Yes. It's kind of putting the reins back in your hand. That's what it felt like is, "Right. I am now back in control of this whole thing," as opposed to it being removed.
	JPA advisor's empathy and support	E5 : It was so much more powerful and useful than I imagined it would be, which was great, it really was. That wasn't just the process. She [Joint Pain Advisor] was great as well. Just really sympathetic and funny and pushy, and she knew how to work me well. And give me things I wouldn't normally do, and that was nice too.

Improving JPA	Managing expectations	F2: I probably imagined that there would be someone who was a bit more like a physio who would be interested in the actual body...It was like she was there as an amazing conduit, catalyst, but not as a health professional. The word 'clinic' for me probably sums that up, maybe wrongly.
	A more joined up approach	I5: I loved working with [JPA] and found her really motivating and positive and so supportive. I also was like craving someone who could manipulate my body and do certain things. So for two people working together, that would be amazing, I think.

Table 2 Domain 2 – Delivery of JPA in the workplace

Theme	Sub-theme	Example quotes from respondents
Accessibility	Convenience	F4: ...when that email came through, I was like, “Yes, that’s free. It’s here. I don’t have to go anywhere, I don’t have to do anything.” It was just a no-brainer to say, “Yes, I’d like to join that.”
	Time saving	F12: ...it just fits in with your job and, you know, within half an hour, you’re back at your desk again, whereas if you have an external appointment, you can make an appointment at a certain time, and you’ll go there and you’ll wait, you know, half or three quarters of an hour over the time, and by the time you travel and get back again, it takes so much time out of your day.
	Familiar environment	I3: ... meeting somebody for the first time, I think you’re always a little bit nervous anyway, so being in the work environment and knowing that it was for my health helped, if you know what I mean.
Impact on behaviour in work	Changes in behaviour at work	F12: ...most of my job now is spent sitting down, rather than just sitting there, I now stand up and move around a bit, and jiggle, sit down again, and it works fine...
MSK health at work	Legitimising MSK problem	F5: It had been arranged through work so it made me think if work think this is important, that I can make decisions to stop what I’m doing or change what I’m doing. Before, I didn’t feel it was important enough.
	Communicating about MSK pain	I2: I suppose the change for me was that for the first time I felt able to talk to my manager about the problems I was having with my back pain, so that was really positive.
	Empowered to ask for workplace adaptations	F4: But this gave me the confidence to do that, to talk to my manager, and come to the conclusion which I already knew at the beginning that I needed a different type of chair. I wouldn’t have had the confidence to do that before.