

<https://doi.org/10.1000/77dp9m11>

Pourhaji, F., (2025). Beyond the Pain: Despite Knowing about their Lower Back Pain, why aren't the Nurses doing anything about it? . *Health promotion science's*, 1(2), 66-67.

Beyond the Pain: Despite Knowing about their Lower Back Pain, why aren't the Nurses doing anything about it?

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ABSTRACT. Chronic low back pain (LBP) is a silent epidemic among intensive care unit (ICU) nurses that threatens personal health and quality of care. The issue, however, extends beyond mere prevalence: why are nurses, despite their awareness, unable to act to manage their own health? An illuminating cross-sectional study conducted on 366 ICU nurses used the Health Belief Model and tools such as the Patient Activation Measure (PAMQ) to delve into this paradox. The study's key finding reveals a deep gap between awareness (with a score of 75.1%) and action (with an overall activation level of 69.0%). Regression analysis shows this inaction is rooted in factors beyond individual knowledge: "presenteeism" (working while sick) and a lack of "perceived social support" act as the primary predictors, explaining 63.9% of the variance in behavior. This study clearly shows that the solution is not more theoretical training. Instead, interventions must shift toward changing organizational culture, creating real support systems, and strengthening nurses' self-efficacy to break this vicious cycle. © 2025 Published by Public Knowledge Project (PKP).

Keywords: ICU, Nurs, Low Back Pain , Occupational Health , Self-management.

Received on October 04, 2025

Accepted on July 20, 2025

ePublished: October 08, 2025

Introduction

Nurses, especially those in intensive care units (ICUs), are the backbone of the healthcare system. They stand on the front lines of care, facing the most complex medical conditions and the highest levels of occupational stress. However, this backbone is itself under severe strain. Chronic low back pain (LBP) is a silent epidemic among this dedicated workforce, threatening their personal health, the quality of patient care, and the stability of the nursing profession.

In this issue of the journal, the valuable article by Zeng et al. (2025), "Self-management activation for low back pain and its influencing factors among intensive care unit nurses," takes a deep, data-driven look at this problem. This study, conducted on 366 ICU nurses, goes beyond merely counting the prevalence of LBP and delves into the heart of the matter: the self-management behavior of the nurses themselves.

The most important and thought-provoking finding of this research is the profound gap between awareness and action. The results show that ICU nurses have a high level of awareness (75.1%) for managing their LBP, but their level of activation—the knowledge, skills, and practical belief to take action—is alarmingly low (69.0%). This raises a key question: if nurses know what to do, why don't they do it?

The answer lies in the multivariate analysis by Zeng et al. (2025). Factors such as presenteeism—working despite being ill—and a lack of perceived social support play a decisive role in this inaction. These findings indicate that the problem is not merely a lack of individual knowledge but a systemic and cultural issue.

A culture of “unconditional self-sacrifice” that encourages nurses to ignore their own health and continue working under any circumstances, combined with a work environment that fails to provide sufficient psychological and structural support for self-care, are the primary obstacles.

More interestingly, the study’s regression analysis reveals an unexpected result: having experience with LBP prevention training is associated with a lower level of self-management activation ($b = -2.977$). While this finding may be due to statistical limitations, it sounds an alarm that our current training programs, instead of empowering, may only offer ineffective theories that fail to overcome the real-world beliefs and barriers that nurses face.

This article carries a clear message for nursing managers and healthcare policymakers: we cannot expect improvement by focusing on theoretical training and blaming the individual.

The solution requires a paradigm shift:

Change the Organizational Culture: We must promote a culture where resting during illness is considered a natural right and self-care is a professional responsibility, not a sign of weakness.

Create Real Support Systems: Social support should not be limited to an abstract concept. Hospitals must provide tangible support structures, including access to psychological counseling and sufficient ergonomic equipment.

Redesign Training Programs: Training must move beyond theory and focus on increasing self-efficacy, practical skills, and strategies to overcome environmental barriers.

Ultimately, the research by Zeng et al. (2025) reminds us that to maintain the health of our healthcare system, we must first ensure the health of our caregivers. The time has come to support our nurses not just in words, but in deeds, and to create an environment where caring for oneself is the first step toward caring for others.

References

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How to cite this article: [Pourhaji, R. \(2025\). Pourhaji, F., \(2025\). Beyond the Pain: Despite Knowing about their Lower Back Pain, why aren't the Nurses doing anything about it?. Health promotion science's, 1\(2\), 66-67.](#)