

The Importance of Nursing in Managing Fibromyalgia

Alanazi, Yasamiyan Qunayfith D ¹, Bushra Hamad Alanazi ², Hana Ayed Manzil Alanazi ³, Latifah Sahlan Duhayman Alruwaili ⁴, Alorani, Etaf Mohammed Mahmoud ⁵, Nouf Nazzal R Al Hazmi ⁶, Badoor Masbah Alrowali ⁷, Anwar Musabbih Thufayl Alruwaili ⁸, Magedah Gayem Issa Alenazi ⁹, Nadiyah Turki Munawir Alruwili ¹⁰

- 1- Nursing specialist, Forensic Medical Services Center Arar, Saudi Arabia
- 2- Nursing specialist, North Medical Tower at Arar in Saudi Arabia
- 3- Nursing technician, Forensic Medical Services Center Arar, Saudi Arabia
- 4- Nursing technician, Northern borders health cluster, Saudi Arabia
- 5- Nursing technician, Dhiba General Hospital, Dhiba, Saudi Arabia.
- 6- Nursing technician, Maternity and Children's Hospital in Arar, Saudi Arabia
- 7- Nursing technician, Mansouriya Primary Health Care Center in Arar, Saudi Arabia
- 8- Nursing technician, Eradah Complex for Mental Health- Al-Jawf, Saudi Arabia
- 9- Nursing technician, Medical supply at the Northern Border Health Cluster, Saudi Arabia
- 10- Nursing technician, Turaif General Hospital, Saudi Arabia

Abstract:

Nursing plays a critical role in managing fibromyalgia, a complex chronic pain condition that affects millions of people worldwide. Nurses serve as primary caregivers, providing comprehensive assessments and personalized care plans tailored to each patient's unique needs. They are often the first point of contact for patients seeking help, and they play a vital role in educating patients about the condition, its management, and the importance of self-care techniques. By fostering open communication, nurses can help patients express their symptoms, understand their treatment options, and navigate the complexities of fibromyalgia, ultimately leading to improved patient outcomes.

Moreover, nurses are essential in coordinating multidisciplinary care for fibromyalgia patients, working collaboratively with physicians, physical therapists, and mental health professionals. They can guide patients in exploring various treatment modalities, including medication management, physical therapy, and cognitive-behavioral interventions. Additionally, nurses provide emotional support, helping patients cope with the psychological aspects of living with fibromyalgia, such as anxiety and depression. By building strong therapeutic relationships, nurses empower patients to take an active role in their care, enhancing adherence to treatment plans and improving overall quality of life.

Keywords: Nursing, fibromyalgia, chronic pain, patient education, self-care, multidisciplinary care, treatment modalities, medication management, emotional support, quality of life.

Introduction:

Fibromyalgia is a complex, chronic pain condition characterized by widespread musculoskeletal pain accompanied by fatigue, sleep disturbances, cognitive difficulties, and emotional distress. Affecting an estimated 2-4% of the population, primarily women, fibromyalgia presents significant challenges not only to those diagnosed but also to their families, healthcare providers, and society as a whole. The pathophysiology of fibromyalgia

remains not entirely understood, but it is believed to involve a combination of genetic, neurobiological, environmental, and psychological factors. Consequently, managing fibromyalgia is multifaceted, requiring a holistic approach that addresses the myriad symptoms and their impacts on an individual's daily life. Within this complex landscape, nursing emerges as a critical component in the management of fibromyalgia [1].

Nurses play a pivotal role in the healthcare continuum, serving as frontline providers who often spend the most time with patients. They are unique in their capacity to offer holistic, patient-centered care, which is paramount for individuals struggling with chronic conditions such as fibromyalgia. This chronic pain syndrome not only manifests physical symptoms but also encompasses emotional and social dimensions that can substantially affect an individual's quality of life. Thus, the nursing profession, with its emphasis on compassionate care and patient advocacy, is ideally suited to address these multifaceted needs [2].

The importance of nursing in this context involves multiple aspects. First, nurses are integral in assessing and diagnosing fibromyalgia, collaborating with interdisciplinary teams to ensure an accurate and timely diagnosis. Given the overlapping symptoms with other conditions, particularly chronic fatigue syndrome, rheumatoid arthritis, and other rheumatic diseases, a nurse's thorough evaluation of patient history, symptomatology, and psychosocial factors can illuminate the complexities of fibromyalgia. This is essential, as timely and accurate diagnoses can reduce the distress of patients experiencing dismissive attitudes from other healthcare professionals who may not understand the condition [3].

Moreover, nurses are responsible for implementing and monitoring treatment plans, which often involve both pharmacologic and non-pharmacologic interventions. Pain management often requires a multimodal approach, including medications such as analgesics, antidepressants, and anti-inflammatory drugs, combined with alternative therapies like physical therapy, cognitive-behavioral therapy, and lifestyle changes. Nurses facilitate education on self-management strategies, promoting patient empowerment. Encouraging fibromyalgia patients to engage in regular exercise, practice stress-reduction techniques, and adhere to treatment plans can significantly alleviate symptoms and improve overall well-being [4].

Another critical aspect of nursing in fibromyalgia management is emotional and psychological support. As fibromyalgia is often intertwined with conditions such as anxiety and depression, nurses can provide essential emotional support and

counseling services, recognizing when referral to mental health professionals may be necessary. Providing a therapeutic presence, nurses help patients navigate the emotional turmoil that frequently accompanies chronic pain syndromes, fostering resilience and coping strategies [4].

Furthermore, nurses play a crucial role in patient education. Their ability to communicate effectively about fibromyalgia helps demystify the condition for patients and their families, promoting understanding about the nature of the disease and the importance of adherence to treatment protocols. Through education, nurses can also mitigate the stigma often associated with fibromyalgia, promoting a better understanding of the condition both in the healthcare setting and in community realms [5].

Lastly, nursing advocacy is essential for advancing research, policy, and public perception regarding fibromyalgia. Nurses can play an influential role in shaping health policy through their advocacy efforts aimed at improving healthcare access, funding for fibromyalgia research, and raising public awareness. This advocacy is necessary not only for improving the quality of life for patients with fibromyalgia but also for fostering a healthcare system that is responsive to the nuanced needs of individuals with chronic health conditions [6].

Role of Nurses in Patient Assessment and Diagnosis:

The healthcare landscape is continuously evolving, driven by advancements in medicine, technology, and an ever-increasing emphasis on patient-centered care. Within this intricate system, nurses occupy a pivotal role, particularly in the domains of patient assessment and diagnosis. Historically perceived as the caretakers who execute physician orders, nurses today are recognized as vital contributors to the diagnostic process, employing their unique skills, knowledge, and perspective to enhance patient outcomes [7].

Patient assessment is a systematic approach in healthcare that involves the collection, analysis, and synthesis of data to understand an individual's health status. It is a critical skill, as it informs and influences every aspect of patient care, from the development of treatment plans to ongoing evaluations and adjustments. Nurses are often the

first healthcare professionals to interact with patients, and they play a crucial role in gathering comprehensive information regarding patients' physical, emotional, and psychological states [7].

The nursing assessment process consists of several key components: data collection, data analysis, and ongoing reassessment. Nurses employ various methods to collect data, including patient interviews, physical examinations, and direct observation. They ask open-ended questions to encourage patients to articulate their symptoms, histories, and concerns. Effective listening skills and the establishment of rapport are essential in this stage, as they help to elicit valuable information that may not be immediately obvious [8].

Furthermore, nurses use their observational skills to assess non-verbal cues, which can reveal crucial information about a patient's emotional state or level of discomfort. For instance, a nurse may notice a patient exhibiting signs of distress—such as restlessness, facial grimaces, or changes in vital signs—that could indicate a worsening condition. This holistic approach enables nurses to capture a comprehensive understanding of the patient's health, beyond just measurable symptoms [8].

While nurses do not typically make formal medical diagnoses, their input into the diagnostic process is invaluable. The assessment data they collect forms the foundation upon which physicians and other healthcare providers build their diagnoses. In fact, the contributions of nurses in this realm align with the growing recognition of nursing as an autonomous profession, capable of applying clinical reasoning and critical thinking skills to identify potential health issues [9].

One significant aspect of the nursing role in diagnosis is the application of clinical judgment. Nurses synthesize assessment findings, integrating their knowledge of anatomy, physiology, pharmacology, and patient care protocols. They draw upon their clinical experience to recognize patterns and correlations in patient data. For example, in a scenario where a patient presents with chest pain, the nurse's ability to promptly assess and relay vital signs, patient history, and risk factors such as smoking or previous cardiac events can expedite the diagnostic process, ensuring that the patient receives timely intervention [10].

Moreover, the advent of technology in healthcare has further augmented nurses' roles in assessment and diagnosis. Electronic health records (EHRs) enable nurses to document and track vital information systematically, while advanced diagnostic equipment allows for more accurate measurements of physiological parameters. Nurses are often trained to operate this technology, thereby directly contributing to establishing baseline health parameters and identifying deviations from normalcy [11].

The shift toward collaborative and interdisciplinary approaches in healthcare underscores the integral role of nurses in patient assessment and diagnosis. Nurses serve as communicators and coordinators within healthcare teams, connecting the dots between patients, families, and various specialists. Their firsthand knowledge of patient conditions positions them as effective advocates for patients, ensuring their voices are heard in the planning and execution of care [12].

The interdisciplinary collaboration enables a more comprehensive understanding of patient needs. For instance, when a nurse identifies a potential complication in a patient's post-operative recovery, they may collaborate with surgeons, anesthesiologists, and physical therapists to address the concern. By sharing pertinent assessment data and facilitating dialogue among team members, nurses help foster a collective approach that enhances diagnostic accuracy and improves patient outcomes [13].

Furthermore, nurses are often responsible for educating patients and their families about health conditions, treatment options, and potential warning signs. This education not only empowers patients to take an active role in their care but also aids in the diagnostic process by fostering open communication. Patients who are well-informed are more likely to report changes in their health status, which can lead to earlier intervention and better prognoses [14].

Patient Education and Empowerment in Fibromyalgia Management:

Fibromyalgia is a complex, chronic condition characterized by widespread pain, fatigue, sleep disturbances, and cognitive difficulties. Affecting an estimated 2-8% of the population, primarily women, the management of fibromyalgia remains a

challenging endeavor for both patients and healthcare providers. Traditional medical approaches often do not alleviate the multifaceted symptoms associated with the condition. As a result, patient education and empowerment have emerged as critical components in the effective management of fibromyalgia [15].

To effectively manage fibromyalgia, both patients and healthcare providers must have a comprehensive understanding of the condition. Fibromyalgia is thought to stem from an increased sensitivity to pain signals in the brain and spinal cord, leading to an amplified experience of pain. Additionally, it is often associated with other conditions such as irritable bowel syndrome, migraine, and depression, complicating diagnosis and treatment. Due to the subjective nature of pain and the lack of specific biomarkers, fibromyalgia is sometimes dismissed as a psychogenic disorder, leading to stigmatization and feelings of frustration among patients [16].

Patient education is foundational in the management of fibromyalgia. By equipping patients with knowledge about their condition, they can better understand their symptoms, triggers, and the rationale behind various treatment modalities. Education on fibromyalgia includes information about its etiology, pathophysiology, common comorbidities, and the expected course of the disease. Understanding that fibromyalgia is a legitimate medical condition can help patients advocate for themselves during medical consultations and improve their compliance with treatment plans [16].

Furthermore, knowledge empowers patients to recognize and track their symptoms. Many find it helpful to maintain a symptom diary, noting how different activities, dietary choices, and stress levels affect their well-being. This self-monitoring not only aids healthcare providers in tailoring treatment options but also fosters a sense of agency within patients, who begin to identify patterns and triggers that influence their condition [17].

Empowerment in healthcare refers to the process of enabling patients to take control of their health through informed participation in their care. In the context of fibromyalgia, empowerment encompasses a range of behaviors, including self-management strategies and advocacy for appropriate treatment. By fostering a partnership between

patients and healthcare providers, empowerment supports patients in making informed decisions about their treatment options and, ultimately, their lives [17].

Empowerment begins with building a therapeutic relationship between patients and healthcare providers. For many fibromyalgia sufferers, the lack of awareness and understanding of the condition among medical professionals can lead to feelings of alienation. Therefore, providers must cultivate a non-judgmental environment that encourages open communication and active participation. This includes using shared decision-making approaches, where patients are encouraged to express their preferences and values when selecting treatment modalities [18].

Moreover, an empowered patient is one who engages actively in lifestyle modifications that can enhance their quality of life. Regular physical activity, such as low-impact exercise, can lead to improved symptoms. Patients should be educated about effective exercise regimens and the importance of consistency. Cognitive-behavioral therapy (CBT) can also play a significant role in managing fibromyalgia. CBT encourages patients to reframe negative thoughts associated with their pain and develop coping strategies to manage stress effectively [18].

A multidisciplinary approach to fibromyalgia management often yields the best results. This approach may include physical therapists, occupational therapists, psychologists, nutritionists, and alternative medicine practitioners. Educating patients about these resources empowers them to seek help beyond traditional pharmacological treatments. Dietary changes, such as adopting an anti-inflammatory diet, can also provide symptom relief. Mind-body interventions such as yoga, mindfulness, and acupuncture have been reported to improve some aspects of fibromyalgia, emphasizing the need for a well-rounded understanding of treatment options [19].

The significance of patient education is further reiterated by the growing body of research supporting the benefits of complementary therapies. By acknowledging and educating patients about the various treatment modalities, providers can help dismantle the barriers that often prevent patients from exploring integrative approaches [20].

Another crucial aspect of patient education and empowerment in fibromyalgia management is the development of peer support networks. These can take the form of online forums, local support groups, or community resources. Connecting with others who share similar experiences can provide emotional support, reduce feelings of isolation, and increase motivation for self-management strategies. Patients often benefit from sharing tips, coping mechanisms, and personal stories which reinforce their sense of agency and belonging. Advocating for increased awareness and understanding of fibromyalgia in their communities also empowers patients to drive change [21].

Developing Individualized Care Plans for Fibromyalgia Patients:

Fibromyalgia is a complex and multifaceted chronic pain disorder characterized by widespread musculoskeletal pain, fatigue, sleep disturbances, and cognitive difficulties. Affecting an estimated 2-4% of the global population, predominantly women, fibromyalgia presents unique challenges for both patients and healthcare providers. Due to the variability in symptoms, severity, and individual responses to treatment, developing a tailored or individualized care plan is essential in managing this condition effectively [22].

Individualized care plans are structured frameworks that take into account the unique characteristics of each patient, rather than following a one-size-fits-all approach. The development of such plans requires a holistic and collaborative approach among the patient's circle, including healthcare professionals, family members, and the patients themselves [23].

Understanding Fibromyalgia

Before delving into care plans, understanding the etiology and symptomatology of fibromyalgia is crucial. Fibromyalgia is believed to arise from a combination of genetic, environmental, and psychological factors. Common symptoms include:

1. **Widespread Pain:** Patients often describe constant, dull aches across their bodies [24].
2. **Fatigue:** This can be debilitating, impacting an individual's ability to perform daily activities.

3. **Sleep Disturbances:** Many patients experience difficulties in falling asleep or maintaining restful sleep [24].
4. **Cognitive Impairment:** This may present as memory issues, difficulty concentrating, and confusion, colloquially referred to as "fibro fog."
5. **Mood Disorders:** Conditions such as anxiety and depression often co-occur, influencing overall stability and recovery [25].

Recognizing these symptoms and their subjective experience is crucial for tailoring an effective management plan.

Components of Individualized Care Plans

1. Comprehensive Assessment

A thorough assessment is the foundation of an individualized care plan. It includes a detailed medical history, physical examinations, and standardized questionnaires aimed at assessing the severity of symptoms, psychological well-being, and overall functional status. Tools such as the Fibromyalgia Impact Questionnaire (FIQ) and the Revised Fibromyalgia Severity Scale can aid in measuring the impact of fibromyalgia on a patient's quality of life [26].

2. Multidisciplinary Approach

Due to the multifaceted nature of fibromyalgia, a multidisciplinary approach is vital. Care typically involves:

- **Primary Care Physicians:** They serve as the first point of contact, providing an overarching framework for the treatment plan and coordinating referrals to specialists [27].
- **Rheumatologists:** These specialists focus on musculoskeletal disorders and can offer advanced treatment options and diagnostic clarity.
- **Pain Specialists:** Management of chronic pain through medications, nerve blocks, or emerging therapies can be coordinated by pain management clinicians.

- **Physical Therapists:** Tailored exercise programs help in improving physical function and reducing pain perception.
- **Psychologists or Psychiatrists:** Mental health professionals support cognitive function, coping strategies, and address co-existing mood disorders.
- **Dietitians:** Nutrition can play a role in overall health and well-being, so dietary modifications may also be incorporated into the care plan [27].

Collaboration between these practitioners ensures that all aspects of the patient's experience are acknowledged and managed [28].

3. Setting Goals

Establishing achievable, measurable goals is a critical step in formulating an individualized care plan. Goals may range from pain management objectives, improving physical capacity, enhancing sleep quality, or achieving better emotional well-being. They should be realistic and time-bound, with regular intervals for reassessment [29].

4. Treatment Modalities

Individualized care plans must incorporate a variety of treatment strategies, selected based on the patient's needs, preferences, and response to previous treatments. Common modalities may include:

- **Pharmacotherapy:** Options like antidepressants (e.g., duloxetine), anticonvulsants (e.g., pregabalin), and non-opioid pain relievers may be prescribed. It's essential to consider potential side effects and interactions with other medications [30].
- **Physical Therapy:** Exercise regimens should be customized to each patient's capabilities and challenges. Techniques like aquatic therapy, yoga, and pilates can be beneficial.
- **Cognitive Behavioral Therapy (CBT):** This therapeutic approach aims to alter negative thought patterns that can exacerbate symptoms, enhancing coping mechanisms.

- **Alternative Therapies:** Practices such as acupuncture, massage, and mindfulness meditation can be integrated based on patient preference and evidence of effectiveness [30].

Ongoing Assessment and Adaptation

One of the hallmarks of individualized care plans is their dynamic nature. Regular follow-ups are essential to evaluate the effectiveness of treatment strategies, make adjustments, and address new or evolving symptoms. Healthcare providers should remain open to feedback from patients regarding their experiences, making it clear that patients are active participants in their own healthcare journey [31].

Proper education about fibromyalgia is crucial for patients to obtain realistic expectations regarding their condition and treatment outcomes. Understanding that fibromyalgia is a chronic condition that may fluctuate in severity helps in fostering resilience. Providing resources—such as support groups, educational workshops, or patient advocacy organizations—can empower patients and help them build a community of support, which is so significant in managing chronic conditions [31].

Multidisciplinary Collaboration: The Nursing Perspective:

Fibromyalgia is a complex, chronic pain disorder characterized by widespread musculoskeletal pain, fatigue, sleep disturbances, and cognitive difficulties. Despite affecting approximately 2-4% of the population, primarily women, its etiology remains poorly understood. Fibromyalgia's multifaceted nature necessitates an integrated approach to management, which is best achieved through multidisciplinary collaboration. Nurses, as integral members of the healthcare team, play a pivotal role in promoting and facilitating this collaboration to improve patient outcomes. The following essay will explore the importance of multidisciplinary collaboration in the management of fibromyalgia, highlighting the roles of various healthcare professionals, the nursing perspective on patient care, and practical strategies for effective teamwork [32].

Fibromyalgia is not just a single condition; it encompasses a wide range of symptoms that can

lead to debilitating effects on a patient's quality of life. The hallmark of fibromyalgia is chronic widespread pain, which can be exacerbated by various factors, including stress, physical activity, and environmental changes. Patients frequently report additional symptoms such as fatigue, cognitive dysfunction (often referred to as "fibro fog"), and mood disturbances. Consequently, fibromyalgia can significantly impact emotional well-being, leading to anxiety and depression [32].

Due to its complexity, fibromyalgia is often misdiagnosed or underdiagnosed, contributing to a cycle of frustration and ineffective management for patients. To optimize the management of this condition, a collaborative approach involving diverse healthcare professionals is essential.

Multidisciplinary collaboration involves the integration of different healthcare providers—such as physicians, nurses, psychologists, physical therapists, occupational therapists, and nutritionists—to address all dimensions of a patient's health. This approach can enhance the understanding and management of fibromyalgia by combining various areas of expertise, ultimately leading to improved patient outcomes [33].

Primary care physicians and specialists, such as rheumatologists and pain management experts, play a critical role in diagnosing fibromyalgia and developing a treatment plan. They may prescribe medications, including analgesics, antidepressants, and anticonvulsants to address pain and associated psychological symptoms. However, medication alone may not be sufficient. Continuous communication between physicians and nursing staff is essential to monitor the effectiveness of pharmacological interventions and adjust treatment plans as necessary [34].

Given the high prevalence of comorbid mental health disorders in fibromyalgia patients, mental health professionals, including psychologists and psychiatrists, are vital collaborators. Cognitive-behavioral therapy (CBT) has shown effectiveness in managing the psychological aspects of fibromyalgia. Through collaborative efforts, nurses can facilitate referrals and provide support for integrating mental health strategies tailored to individual patient needs. This may include patient education on coping mechanisms and stress management techniques [35].

Physical and occupational therapists can design tailored exercise programs aimed at improving physical function and reducing pain. Regular physical activity is crucial for fibromyalgia management, as it combats deconditioning and can enhance both physical and psychological well-being. Nurses play a fundamental role in educating patients on the importance of exercise and assisting them in navigating therapy schedules. Collaboration ensures that therapists are updated on patients' progress and challenges, enabling real-time adjustments to their care plans [35].

Nutrition can also play a vital role in managing fibromyalgia symptoms. Research indicates that certain diets may alleviate pain and improve overall well-being in some patients. Nutritionists can guide patients in making informed dietary choices conducive to managing fibromyalgia. Nurses can collaborate with nutritionists to ensure that nutritional recommendations are integrated into the overall care plan and that patients receive ongoing support and encouragement in implementing dietary changes [36].

The Nursing Perspective on Care Coordination

Nurses are uniquely positioned as point-of-contact providers in patient care. Their holistic approach encompasses not only the physical aspects of the disorder but also the emotional, social, and psychological factors that patients face. This perspective enables nurses to play an instrumental role in coordinating care across multidisciplinary teams. Effective communication, compassion, and advocacy are critical components of nursing practice, making them adept at synthesizing insights from various specialists into cohesive, patient-centered care plans [37].

1. Patient Education

Education is a cornerstone of nursing practice, particularly in managing complex conditions like fibromyalgia. Nurses have the opportunity to educate patients about their condition, treatment options, symptom management, and self-care strategies. Empowering patients with knowledge can significantly enhance their engagement in their care and adherence to treatment plans. By providing clear, empathetic explanations, nurses can help demystify the disorder and alleviate patients' anxieties [38].

2. Advocacy and Support

Nurses act as advocates for their patients' needs in multidisciplinary settings. They can voice concerns about treatment efficacy, facilitate communication among healthcare providers, and ensure that patients receive comprehensive and integrated care. Furthermore, nurses can provide emotional support and encourage patients to express their concerns and preferences, fostering a more inclusive care environment [39].

Practical Strategies for Effective Multidisciplinary Collaboration

To maximize the effectiveness of multidisciplinary collaboration in fibromyalgia management, healthcare providers can employ several practical strategies:

1. **Regular Team Meetings:** Schedule regular case discussions involving all healthcare team members to facilitate communication, share insights, and collectively review patient progress.
2. **Unified Care Plans:** Develop comprehensive care plans that incorporate the input of all disciplines to ensure a cohesive approach that is transparent to both patients and providers [40].
3. **Interprofessional Training:** Engage in interprofessional education and training initiatives to promote mutual understanding of each discipline's roles, fostering respect and shared goals among team members.
4. **Patient-Centered Approaches:** Focus on creating a patient-centered care model that actively involves patients in decision-making processes, ensuring their voices are heard and valued.
5. **Technology Utilization:** Utilize electronic health records (EHRs) and other technology platforms to facilitate information sharing among team members, enhancing coordination and care continuity [40].

Psychosocial Support and Mental Health Considerations:

In an increasingly complex and interconnected world, the significance of mental health has garnered considerable attention, prompting a growing recognition of psychosocial support as a crucial element in fostering well-being. Psychosocial support encompasses a wide array of services, interventions, and community-based initiatives designed to reinforce emotional and social well-being, particularly during times of stress, trauma, or crisis. As mental health issues proliferate across all spheres of life—be it in the aftermath of traumatic events, as a result of systemic inequality, or due to personal hardships—understanding the intersection of psychosocial support and mental health is both timely and of paramount importance [40].

Psychosocial support involves nurturing the psychological and social dimensions of individuals or communities. It embodies the intentional provision of emotional and practical assistance to improve people's mental health status and overall quality of life. This support is often administered through various channels, including counseling, peer support groups, community forums, and educational programs aiming to build coping mechanisms. Psychosocial interventions take a person-centered approach by prioritizing the unique emotional and social needs of individuals, thereby allowing for tailored responses to their psychosocial challenges [40].

The World Health Organization (WHO) defines psychosocial support as “the actions that foster human dignity and promote a sense of well-being and autonomy.” It incorporates both individual and collective dimensions, encouraging individuals to engage with their communities and support networks, all while acknowledging the role that external factors—such as cultural norms, socioeconomic conditions, and political landscapes—play in shaping mental health outcomes [41].

Importance of Psychosocial Support

Psychosocial support has irrefutable importance, especially in the following areas:

1. Coping with Trauma

Individuals exposed to trauma, whether as a victim of violence, a survivor of natural disasters, or through chronic stressors such as poverty or discrimination, often experience a myriad of psychological symptoms, ranging from anxiety and depression to post-traumatic stress disorder (PTSD). Psychosocial support serves as a vital resource for these individuals, providing emotional outlets and opportunities to process their experiences. Support systems facilitate recovery through shared narratives, fostering a sense of connection and understanding that helps alleviate feelings of isolation [42].

2. Enhancing Resilience

Resilience is the ability to recover from adversity, and psychosocial support is essential for fostering this trait. Individuals equipped with strong social networks and coping strategies are better positioned to deal with life's challenges. Supportive environments that promote emotional expression, validation, and constructive feedback can help individuals build self-efficacy, ultimately enhancing their resilience against mental health problems [42].

3. Reducing Stigma

The stigma surrounding mental health can deter individuals from seeking help and exacerbate feelings of shame and inadequacy. By providing education and raising awareness about mental health and psychosocial support, communities can break down stereotypes and biases. Initiatives that encourage open dialogue and discussion about mental health contribute to a cultural shift that normalizes seeking help and reinforces the notion that mental health is just as important as physical health [43].

4. Promoting Social Cohesion

Psychosocial support has a communal dimension that is instrumental in promoting social cohesion. Community-based interventions can strengthen social networks, thereby enhancing individuals' sense of belonging and solidarity. When communities come together to support one another, they cultivate an environment that engages people actively in their mental health care, fostering mutual support, respect, and empowerment [44].

5. Addressing Systemic Inequalities

Mental health outcomes are often shaped by systemic inequalities related to race, gender, class, and other social determinants. Psychosocial support can address these disparities by providing tailored interventions that consider the specific needs of marginalized groups. Advocacy work addressing socio-economic barriers can lead to policy changes that promote mental health equity and accessibility [45].

Mental Health Considerations

While psychosocial support is vital, it is important to consider various mental health factors that must be integrated within any support framework. To maximize the efficacy of psychosocial interventions, practitioners should consider the following considerations:

1. Individual Differences

Each individual's experience with mental health is unique, influenced by various factors, including genetics, personal history, and cultural background. This diversity necessitates a personalized approach in delivering psychosocial support. Practitioners must remain flexible and attuned to the specific circumstances of those they support, engaging in active listening and empathy to tailor interventions accordingly [46].

2. Integration of Professional Help

Psychosocial support is not meant to replace professional mental health services but should complement them. Collaborative care models that integrate psychosocial support with clinical services can ensure comprehensive treatment for individuals suffering from severe mental health disorders. This integrated approach can enhance the effectiveness of therapeutic interventions by securing a supportive environment for patients, promoting follow-through on treatment plans, and providing continuity of care [47].

3. Cultural Sensitivity

Cultural beliefs, practices, and stigma surrounding mental health can significantly impact how individuals perceive and utilize psychosocial support. Practitioners must demonstrate cultural competence by understanding the diverse backgrounds of those they serve, adapting

interventions to honor cultural sensitivities, and avoiding assumptions based on their own cultural norms [48].

4. Long-Term Sustainability

To ensure that psychosocial support provides lasting benefits, it is crucial to develop programs and interventions that are sustainable in the long term. This calls for adequate funding, community involvement, and ongoing evaluation to adapt services to shifting community needs. Only through consistent support and investment can psychosocial services yield meaningful, lasting change in mental health outcomes [49].

Monitoring Treatment Efficacy and Adjusting Care Strategies:

Fibromyalgia is a chronic pain syndrome characterized by widespread musculoskeletal pain alongside other debilitating symptoms, including fatigue, sleep disturbances, cognitive difficulties, and mood issues. Affecting an estimated 2-4% of the population, predominantly women, fibromyalgia poses a unique challenge for both patients and healthcare providers. Given the complexity and individualized nature of this condition, effective management necessitates a systematic approach that includes monitoring treatment effectiveness and adapting care strategies based on patient response [50].

Fibromyalgia is often misunderstood due to its vague symptoms that overlap with various other disorders. This has led to a lack of recognition among healthcare providers and even patients themselves. Much of the difficulty lies in its ambiguous pathophysiology; fibromyalgia is thought to involve various factors, including genetic predisposition, neurobiological abnormalities, and environmental triggers. As such, the treatment for fibromyalgia is not one-size-fits-all, highlighting the importance of individualized monitoring and modification of care strategies [51].

The Goals of Treatment Monitoring

Monitoring treatment effectiveness in fibromyalgia aims to gauge how well various therapies are addressing the multidimensional impact of the disorder. Primary goals include:

1. **Pain Management:** Assessing the levels of pain relief achieved through medications or alternative therapies [52].
2. **Functionality:** Evaluating the ability of patients to engage in daily activities, work, and social interactions.
3. **Quality of Life:** Taking into account the overall well-being, mental health, and emotional resilience of patients.
4. **Adverse Effects:** Identifying any side effects or negative impacts arising from treatments to refine therapy options.
5. **Patient Satisfaction:** Gathering subjective feedback to understand the patient's perspective on their care plan [52].

Tracking these parameters is essential for developing a comprehensive profile of the patient's progression and response to treatment.

Methods of Monitoring Effectiveness

Various tools and strategies can assist healthcare providers in evaluating treatment effectiveness for individuals with fibromyalgia:

1. **Regular Assessments:** Utilization of validated questionnaires and scales, such as the Fibromyalgia Impact Questionnaire (FIQ) or the Visual Analog Scale (VAS) for pain assessment, can provide ongoing data on the patient's condition [53].
2. **Patient Diaries:** Encouraging patients to maintain a daily log of symptom fluctuations can help in identifying patterns, triggers, and effective interventions.
3. **Telehealth:** Offering virtual consultations can facilitate regular check-ins without the need for in-person visits, making it easier to monitor symptoms and adjust treatments dynamically.
4. **Interdisciplinary Approaches:** Involving professionals from different fields, including physical therapists, psychologists, and nutritionists, can allow for a more holistic view of the patient's health and responsiveness to treatment.

5. **Wearable Devices:** Utilizing technology like fitness trackers or smartwatches can help collect data on patients' physical activity, sleep patterns, and overall health, offering a more comprehensive understanding of their condition [53].

Modifying Care Strategies

Once treatment effectiveness has been monitored, the next step involves modifying care strategies based on the data collected:

1. **Therapeutic Adjustments:** If a particular medication is not yielding the desired outcome, alternatives can be explored. A combination of pharmacological and non-pharmacological treatments often yields the best results, such as introducing cognitive-behavioral therapy alongside medications [54].
2. **Lifestyle Interventions:** Employing lifestyle changes such as adopting healthier nutrition, developing better sleep hygiene habits, and incorporating physical activity can often significantly enhance treatment outcomes. Tailored exercise programs, such as gentle aerobics or yoga, have demonstrated positive effects on pain management.
3. **Education and Empowerment:** Educating both patients and their families about fibromyalgia and effective management strategies can foster a collaborative approach in treatment. Providing resources, workshops, and support groups can empower patients, enabling them to take an active role in their care [54].
4. **Regular Reevaluation:** Treatment plans should be viewed as dynamic entities that require consistent reevaluation. Regularly scheduled appointments allow healthcare providers and patients to assess what is working and where adjustments are needed.
5. **Intentional Goal Setting:** Encouraging patients to set realistic, attainable goals helps create a sense of purpose and achievement. These goals should be

periodically reassessed to ensure they remain relevant and motivational [54].

Future Directions in Nursing Practice for Fibromyalgia Management:

Fibromyalgia is a chronic condition characterized by widespread musculoskeletal pain, accompanied by fatigue, sleep disturbances, cognitive difficulties, and mood issues. Affecting an estimated 2-8% of the global population, predominantly women, fibromyalgia poses significant challenges for both patients and healthcare providers. Given its multifactorial nature, the management of fibromyalgia requires a comprehensive, interdisciplinary approach. Nursing practice is poised to play a pivotal role in the future management of this condition [55].

Before delving into nursing practices, it is crucial to understand fibromyalgia's complex etiology and its impact on patients' lives. Researchers postulate that fibromyalgia may arise from a combination of genetic predisposition, neurobiological factors, environmental triggers, and psychological stressors. Symptoms are often exacerbated by hormonal changes, lifestyle factors, and co-existing conditions, such as irritable bowel syndrome, anxiety, and depression. The variability and nonspecific nature of symptoms often lead to delayed diagnosis and mismanagement of the disorder. Consequently, this condition necessitates a model of care that embraces both physical and psychosocial paradigms [56].

As the field of nursing continues to evolve, there is a growing emphasis on holistic care that addresses the whole patient rather than just isolated symptoms. In managing fibromyalgia, nurses can adopt a holistic approach encompassing the physical, emotional, and social dimensions of health. This involves engaging with patients to create individualized care plans that reflect their unique experiences, needs, and goals [57].

Nurses should be trained in various complementary and alternative therapies, such as mindfulness, meditation, yoga, and acupuncture, which have shown promise in alleviating symptoms associated with fibromyalgia. Integrative care models that blend conventional medicine with these therapies could enhance patients' overall well-being. Thus, the future of nursing practice will demand not just

knowledge of medical treatments but also expertise in holistic and integrative health techniques [58].

Education is a cornerstone of effective fibromyalgia management. Nurses must take an active role in educating patients about fibromyalgia, including its causes, treatment options, and self-management strategies. Empowering patients through education enhances their understanding, fosters engagement in their care, and promotes adherence to therapeutic interventions [59].

Future nursing practice should focus on developing comprehensive patient education programs, utilizing diverse teaching methods, such as workshops, online resources, and support groups. These initiatives can facilitate peer support, encourage self-advocacy, and diminish feelings of isolation often experienced by fibromyalgia patients. Furthermore, educating them about lifestyle modifications—such as nutrition, exercise, sleep hygiene, and stress management—can significantly impact managing symptoms [60].

Another future direction in nursing practice for fibromyalgia management is fostering interprofessional collaboration. Nurses, physicians, physical therapists, psychologists, and dietitians form an essential team in delivering comprehensive care. By adopting a collaborative approach, healthcare providers can create multidisciplinary treatment plans addressing the multifaceted nature of fibromyalgia [61].

Interprofessional team meetings can improve communication and coordination between disciplines, leading to more effective treatment plans tailored to each patient's needs. Additionally, nurses can serve as patient advocates within these teams, ensuring that patients' concerns and preferences are considered in their care [62].

The integration of technology into nursing practice is transforming healthcare delivery, and fibromyalgia management is no exception. Telehealth platforms enable nurses to provide care and education remotely, making it more accessible for patients who may face mobility issues or those living in rural areas. Virtual consultations can facilitate ongoing monitoring of symptoms, medication adherence, and lifestyle changes in a convenient manner [63].

Moreover, mobile health applications designed specifically for chronic pain management can help empower patients to track their symptoms, triggers, sleep patterns, and physical activity. These real-time data allow nurses to assess patients effectively and make informed adjustments to their care plans. Research into wearables and biosensors holds promise for providing continuous monitoring of patients' physiological responses, which could enhance symptom management and improve quality of life [64].

The future of nursing practice in fibromyalgia management will trend toward a stronger emphasis on research and evidence-based practice. As new evidence emerges about the mechanisms underpinning fibromyalgia, nurses will need to stay abreast of the latest findings to guide their interventions. This involves engaging in research activities, participating in clinical trials, and disseminating knowledge through publications and presentations [65].

Nurses are uniquely positioned to contribute to research efforts due to their extensive patient contact, making observations that can inform clinical practices. Continuing education on research methodologies and data analysis will be critical as the nursing field strives to advance the understanding and management of fibromyalgia [66].

Conclusion:

In conclusion, the role of nursing in managing fibromyalgia is essential for providing holistic, patient-centered care that addresses both the physical and emotional dimensions of this complex condition. Nurses serve as advocates, educators, and coordinators of care, ensuring that patients receive comprehensive support tailored to their unique needs. By fostering effective communication and collaboration among multidisciplinary teams, nurses enhance treatment adherence and empower patients to actively participate in their care. As the understanding of fibromyalgia continues to evolve, the contribution of nursing will remain pivotal in improving patient outcomes and quality of life. Future research and training initiatives should focus on further developing nursing competencies in this area, ultimately leading to more effective management strategies for those affected by fibromyalgia.

References:

1. Ryan S. Care of patients with fibromyalgia: Assessment and management. *Nurs. Stand.* 2013;28:37–43. doi: 10.7748/ns2013.11.28.13.37.e7722.
2. Dennis N.L., Larkin M., Derbyshire S.W.G. ‘A giant mess’—Making sense of complexity in the accounts of people with fibromyalgia. *Br. J. Health Psychol.* 2013;18:763–781. doi: 10.1111/bjhp.12020.
3. Arnold L.M., Bennett R.M., Crofford L.J., Dean L.E., Clauw D.J., Goldenberg D.L., Fitzcharles M.A., Paiva E.S., Staud R., Sarzi-Puttini P., et al. Diagnostic Criteria for Fibromyalgia. *J. Pain.* 2019;20:611–628. doi: 10.1016/j.jpain.2018.10.008.
4. Ghavidel-Parsa B., Bidari A., Atrkarroushan Z., Khosousi M.J. Implication of the Nociplastic Features for Clinical Diagnosis of Fibromyalgia: Development of the Preliminary Nociplastic-Based Fibromyalgia Features (NFF) Tool. *ACR Open Rheumatol.* 2022;4:260–268. doi: 10.1002/acr2.11390.
5. Menzies V. Fibromyalgia Syndrome: Current Considerations in Symptom Management. *Am. J. Nurs.* 2016;116:24–32. doi: 10.1097/01.NAJ.0000476162.13177.ae.
6. Thieme K., Turk D.C. Cognitive-behavioral and operant-behavioral therapy for people with fibromyalgia. *Reumatismo.* 2012;64:275–285. doi: 10.4081/reumatismo.2012.275.
7. Leadley R.M., Armstrong N., Lee Y.C., Allen A., Kleijnen J. Chronic diseases in the European Union: The prevalence and health cost implications of chronic pain. *J. Pain Palliat. Care Pharmacother.* 2002;26:310–325. doi: 10.3109/15360288.2012.736933.
8. Queiroz L.P. Worldwide epidemiology of fibromyalgia. *Curr. Pain Headache Rep.* 2013;17:356. doi: 10.1007/s11916-013-0356-5.
9. Friedberg F., Williams D.A., Collinge W. Lifestyle-oriented non-pharmacological treatments for fibromyalgia: A clinical overview and applications with home-based technologies. *J. Pain Res.* 2012;5:425–435. doi: 10.2147/JPR.S35199.
10. Albuquerque M.L.L., Monteiro D., Marinho D.A., Vilarino G.T., Andrade A., Neiva H.P. Effects of different protocols of physical exercise on fibromyalgia syndrome treatment: Systematic review and meta-analysis of randomized controlled trials. *Rheumatol. Int.* 2022;42:1893–1908. doi: 10.1007/s00296-022-05140-1.
11. Montesó-Curto P., García-Martínez M., Gómez-Martínez C., Ferré-Almo S., Panisello-Chavarria M.L., Romaguera S., Mateu M.L., Cubí M.T., Colás L.S., Usach T.S., et al. Effectiveness of three types of interventions in patients with fibromyalgia in a region of southern Catalonia. *Pain Manag. Nurs.* 2015;16:642–652. doi: 10.1016/j.pmn.2015.01.006.
12. Hausser W., Ablin J., Fitzcharles M., Littlejohn G., Luciano J.V., Usui C., Walitt B. Fibromyalgia. *Nat. Rev. Dis. Prim.* 2015;13:15022. doi: 10.1038/nrdp.2015.22.
13. Sim J., Madden S. Illness experience in fibromyalgia syndrome: A metasynthesis of qualitative studies. *Soc. Sci. Med.* 2008;67:57–67. doi: 10.1016/j.socscimed.2008.03.003.
14. Toye F., Seers K., Allcock N., Briggs M., Carr E., Andrews J., Barker K. A meta-ethnography of patients’ experience of chronic non-malignant musculoskeletal pain. *Health Serv. Deliv. Res.* 2013;1:1–190. doi: 10.3310/hsdr01120.
15. Toye F., Seers K., Allcock N., Briggs M., Carr E., Andrews J., Barker K. Patients’ experiences of chronic non-malignant musculoskeletal pain: A qualitative systematic review. *Br. J. Gen. Pract.* 2013;63:e829–e841. doi: 10.3399/bjgp13X675412.
16. Vilarino G.T., Branco J.H.L., de Souza L.C., Andrade A. Effects of resistance training on the physical symptoms and

- functional capacity of patients with fibromyalgia: A systematic review and meta-analysis of randomized clinical trials. *Ir. J. Med. Sci.* 2022;1–14. doi: 10.1007/s11845-022-03205-5.
17. Carmona L, Ballina J, Gabriel R, Laffon A. The burden of musculoskeletal diseases in the general population of Spain: Results from a national survey. *Ann Rheum Dis.* 2001;60:1040–5. doi: 10.1136/ard.60.11.1040.
18. Wolf F, Smythe HA, Yunus MB, et al. The American College of Rheumatology 1990 Criteria for the Classification of Fibromyalgia. Report of the Multicenter Criteria Committee. *Arthritis Rheum.* 1990;33:160–72. doi: 10.1002/art.1780330203.
19. Wileman L, May C, Chew-Graham CA. Medically unexplained symptoms and the problem of power in the primary care consultation: A qualitative study. *Fam Pract.* 2002;19:178–82. doi: 10.1093/fampra/19.2.178.
20. Chew-Graham C, Dixon R, Shaw JW, Smyth N, Lovell K, Peters S. Practice nurses' views of their role in the management of chronic fatigue syndrome/myalgic encephalitis: A qualitative study. *BMC Nurs.* 2009;8:2. doi: 10.1186/1472-6955-8-2.
21. Arnold LM. Strategies for managing fibromyalgia. *Am J Med.* 2009;122(12 Suppl):S31–43. doi: 10.1016/j.amjmed.2009.09.009.
22. Branco JC, Bannwarth B, Failde I, et al. Prevalence of fibromyalgia: A survey in five European countries. *Semin Arthritis Rheum.* 2010;39:448–53. doi: 10.1016/j.semarthrit.2008.12.003.
23. Mease P. Fibromyalgia syndrome: Review of clinical presentation, pathogenesis, outcome measures, and treatment. *J Rheumatol Suppl.* 2005;75:6–21.
24. Epstein RM, Shields CG, Meldrum SC, et al. Physicians' responses to patients' medically unexplained symptoms. *Psychosom Med.* 2006;68:269–76. doi: 10.1097/01.psy.0000204652.27246.5b.
25. Wolff F. The relation between tender points and fibromyalgia symptom variables: Evidence that fibromyalgia is not a discrete disorder in the clinic. *Ann Rheum Dis.* 1997;56:268–71. doi: 10.1136/ard.56.4.268.
26. Hauser W, Thieme K, Turk DC. Guidelines on the management of fibromyalgia syndrome – A systematic review. *Eur J Pain.* 2010;14:5–10. doi: 10.1016/j.ejpain.2009.01.006.
27. Scout M, Kemper C, Glaeske G. Fibromyalgia syndrome: Prevalence, pharmacological and non-pharmacological interventions in outpatient health care. An analysis of statutory health insurance data. *Joint Bone Spine.* 2011;78:80–9. doi: 10.1016/j.jbspin.2010.05.003.
28. Clark NM, Nothwehr F, Gong M, et al. Physician-patient partnership in managing chronic illness. *Acad Med.* 1995;70:957–9. doi: 10.1097/00001888-199511000-00008.
29. Landesobre M, Monnier H. To be a helpless helpoholic – GPs' experiences of women patients with non-specific muscular pain. *Scand J Prim Health Care.* 2004;22:244–7. doi: 10.1080/02813430410006756.
30. Risor MB. Illness explanations among patients with medically unexplained symptoms: Different idioms for different contexts. *Health (London)* 2009;13:505–21. doi: 10.1177/1363459308336794.
31. Copenhagen Declaration. Consensus document on fibromyalgia: The Copenhagen Declaration. *J Musculoskel Pain.* 1993;1:295–312.
32. Sauer K, Schiltenswolf M, Eich W, et al. Aims of the guidelines for the diagnostic and treatment of fibromyalgia syndrome. *Schmerz.* 2008;22:241–3. doi: 10.1007/s00482-008-0669-1.
33. Bowen J, Pheby D, Charlett A, McNulty C. Chronic fatigue syndrome: A survey of GPs' attitudes and knowledge. *Fam Pract.* 2005;22:389–93. doi: 10.1093/fampra/cmi019.

34. Ballina J, R, Gabriel R, Carmona L. The burden of musculoskeletal diseases in the general population of Spain: Results from a national survey. *Ann Rheum Dis.* 2001;60:1040–5.
35. Wileman L. Medically unexplained symptoms and the problem of power in the primary care consultation: A qualitative study. *Fam Pract.* 2002;19:178–82. doi: 10.1093/fampra/19.2.178.
36. Hauser W, Thieme K, Turk DC. Guidelines on the management of fibromyalgia syndrome – A systematic review. *Eur J Pain.* 2010;14:5–10. doi: 10.1016/j.ejpain.2009.01.006.
37. Torres X., Herrero M.J., Martí M., Conesa A., Valdés M., Arias A., Gómez E., Collado A. Why people with fibromyalgia persist in activity despite the increasing pain? A Delphi Study of the content of the Clinic Scale of Persistence in Activity in Fibromyalgia. *Rev. Psiquiatr. Salud. Ment.* 2013;6:33–44. doi: 10.1016/j.rpsm.2012.03.001.
38. Ricci A., Bonini S., Continanza M., Turano M.T., Puliti E.M., Finocchietti A., Bertolucci D. Worry and anger rumination in fibromyalgia syndrome. *Reumatismo.* 2016;68:195–198. doi: 10.4081/reumatismo.2016.896.
39. van Middendorp H., Lumley M.A., Moerbeek M., Jacobs J.W., Bijlsma J.W., Geenen R. Effects of anger and anger regulation styles on pain in daily life of women with fibromyalgia: A diary study. *Eur. J. Pain.* 2010;14:176–182. doi: 10.1016/j.ejpain.2009.03.007.
40. Hsieh H.F., Shannon S.E. Three approaches to qualitative content analysis. *Qual. Health Res.* 2005;15:1277–1288. doi: 10.1177/1049732305276687.
41. Briones-Vozmediano E., Öhman A., Goicolea I., Vives-Cases C. “The complaining women”: Health professionals’ perceptions on patients with fibromyalgia in Spain. *Disabil. Rehabil.* 2018;40:1679–1685. doi: 10.1080/09638288.2017.1306759.
42. Furness P.J., Vogt K., Ashe S., Taylor S., Haywood-Small S., Lawson K. What causes fibromyalgia? An online survey of patient perspectives. *Health Psychol. Open.* 2018;5:2055102918802683. doi: 10.1177/2055102918802683.
43. Malin K., Littlejohn G.O. Psychological factors mediate key symptoms of fibromyalgia through their influence on stress. *Clin. Rheumatol.* 2016;35:2353. doi: 10.1007/s10067-016-3315-9.
44. Gómez-Arguelles J.M., Moreno-Zazo M., Maestu C. Characterizing fibromyalgia flares: A prospective observational study. *Reumatologia.* 2022;60:242–246. doi: 10.5114/reum.2022.118677.
45. Sancassiani F., Machado S., Ruggiero V., Cacace E., Carmassi C., Gesi C., Dell’Osso L., Giovanni M. The management of fibromyalgia from a psychosomatic perspective: An overview. *Int. Rev. Psychiatry.* 2017;29:473–488. doi: 10.1080/09540261.2017.1320982.
46. Sedraschi C., Girard E., Luthy C., Kossovsky M., Desmeules J., Allaz A.F. Primary attributions in women suffering fibromyalgia emphasize the perception of a disruptive onset for a long-lasting pain problem. *J. Psychosom. Res.* 2013;74:265–269. doi: 10.1016/j.jpsychores.2012.12.014.
47. Krueger R.A., Casey M.A. *Focus Groups: A Practical Guide for Applied Research.* Sage Publications; Thousand Oaks, CA, USA: 2000.
48. Ablin J.N., Buskila D. Predicting fibromyalgia, a narrative review: Are we better than fools and children? *Eur. J. Pain.* 2014;18:1060–1066. doi: 10.1002/j.1532-2149.2014.00481.x.
49. Briones-Vozmediano E. The social construction of fibromyalgia as a health problem from the perspective of policies, professionals, and patients. *Glob. Health Action.* 2017;10:1275191. doi: 10.1080/16549716.2017.1275191.
50. Peterson E.L. Fibromyalgia—management of a misunderstood disorder. *J. Am. Assoc.*

- Nurse Pract. 2007;19:341–348. doi: 10.1111/j.1745-7599.2007.00235.x.
51. Seers K. Qualitative data analysis. *Evid. Based Nurs.* 2012;15:2. doi: 10.1136/ebnurs.2011.100352.
52. Calderón A., Roustan M. Coping with fibromyalgia: A qualitative study of the experiences of the Spanish-speaking women. *Psychol. Health Med.* 2013;18:222–229. doi: 10.1080/13548506.2012.694032.
53. Hsieh H.F., Shannon S.E. Three approaches to qualitative content analysis. *Qual. Health Res.* 2005;15:1277–1288. doi: 10.1177/1049732305276687.
54. Haugli L, Strand E, Finset A. How do patients with rheumatic disease experience their relationship with their doctors? A qualitative study of experiences of stress and support in the doctor-patient relationship. *Patient Educ Couns.* 2004;52:169–74. doi: 10.1016/s0738-3991(03)00023-5.
55. Paulson M, Norberg A, Danielson E. Men living with fibromyalgia-type pain: Experiences as patients in the Swedish health care system. *J Adv Nurs.* 2002;40:87–95. doi: 10.1046/j.1365-2648.2002.02343.x.
56. Sim J, Adams N. Systematic review of randomized controlled trials of nonpharmacological interventions for fibromyalgia. *Clin J Pain.* 2002;18:324–36. doi: 10.1097/00002508-200209000-00008.
57. Raymond MC, Brown JB. Experience of fibromyalgia. Qualitative study. *Can Fam Physician.* 2000;46:1100–6.
58. Steinberg DP. The experience of relationships: Twelve people with fibromyalgia. New York: New York University; 2007.
59. Alghalyini B. That sinking feeling: A patient-doctor dialogue about rescuing patients from fibromyalgia culture. *Can Fam Physician.* 2008;54:1576–7.
60. Asbring P, Narvanen AL. Ideal versus reality: Physicians perspectives on patients with chronic fatigue syndrome (CFS) and fibromyalgia. *Soc Sci Med.* 2003;57:711–20. doi: 10.1016/s0277-9536(02)00420-3.
61. Escudero-Carretero MJ, García-Toyos N, Prieto-Rodríguez MA, Pérez Corral O, March-Cerdá JC, López-Doblas M. [Fibromyalgia: Patient perception on their disease and health system. Qualitative research study] *Reumatol Clin.* 2010;6:16–22. doi: 10.1016/j.reuma.2009.04.008.
62. Dobkin PL, De Civita M, Bernatsky S, Filipowski M, Sita A, Baron M. Preliminary validity of the barriers to treatment adherence questionnaire in fibromyalgia: Combining quantitative and focus group data. *Psychol Rep.* 2009;105:447–60. doi: 10.2466/PRO.105.2.447-460.
63. Lachapelle DL, Lavoie S, Boudreau A. The meaning and process of pain acceptance. Perceptions of women living with arthritis and fibromyalgia. *Pain Res Manag.* 2008;13:201–10. doi: 10.1155/2008/258542.
64. Hellstrom O, Bullington J, Karlsson G, Lindqvist P, Mattsson B. A phenomenological study of fibromyalgia. Patient perspectives. *Scand J Prim Health Care.* 1999;17:11–6. doi: 10.1080/028134399750002827.
65. Asbring P, Narvanen AL. Patient power and control: A study of women with uncertain illness trajectories. *Qual Health Res.* 2004;14:226–40. doi: 10.1177/1049732303260682.
66. Sim J, Madden S. Illness experience in fibromyalgia syndrome: A metasynthesis of qualitative studies. *Soc Sci Med.* 2008;67:57–67. doi: 10.1016/j.socscimed.2008.03.003.