

RETURNING TO WORK (RTW) AFTER ACQUIRED BRAIN INJURY (ABI):

Perspectives of ABI Survivors

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Overview

Work is a central ingredient in psychological well-being and quality of life. It facilitates purchase of resources for survival, social interaction, regular activity, and community integration.

Unemployment is associated with mental health difficulties, poor self esteem, depression and substance abuse.

Achieving a return to work (RTW) is often the ultimate recovery goal for ABI survivors of employment age and an indicator of return to real world functioning.

However ABI survivors of employment age are more likely to be unemployed than those without ABI.

A key question is what factors enable ABI survivors to RTW and what factors inhibit their RTW?

➤ This study investigates this with clients of Headway, one of Irelands leading providers of brain injury services and support.

Purpose of the Study

- ❖ To establish individual differences between ABI survivors that do and do not RTW, identifying barriers to and facilitators of the RTW process
- ❖ To determine the characteristics of jobs that increase successful RTW post ABI

Methods

❑ **Participants:** Forty past and present Headway clients, of working age, in paid employment at time of injury and with sufficient language skills to understand and answer questions asked (See Table 1 for further characteristics)

Group A (Non RTW): Had not achieved RTW post injury (n=20)

Group B (RTW): Back in full/ part time paid employment (n=20)

❑ **Data Collection:** Mixed methods were used;

Semi Structured Interview: In depth interviews based on the *International Classification of Functioning, Disability and Health (ICF) (WHO, 2002)* tool (audio recorded). Included details of participant age, education level and pre injury occupation. Post injury occupation details and job characteristics were also collected for Group B (RTW)

Self Report Measure: *General Self Efficacy (GSE) Scale* (Schwarzer & Jerusalem, 1995) used to obtain a self efficacy score for each participant (belief or judgement of capability to accomplish specific task, level of performance or future goal) (Bandura, 1977)

❑ **Data Analysis:** Interview data was transcribed and examined using thematic analysis to determine the top three barriers to work experienced post ABI (both groups) and top three facilitators of RTW (Group B). A paired samples t-test assessed whether both groups differed in self efficacy levels which may have impacted on work status post injury.

Table 1: Participant Characteristics		
Group	Group A (Non RTW)	Group B (RTW)
Gender	Male: 75% Female: 25%	Male: 75% Female: 25%
Average Age (Age Range)	57 years (41 – 65 years)	41 years (27 – 63 years)
Race	100% Caucasian	100% Caucasian
Injury Type	Traumatic: 25% Non Traumatic: 70% Undetermined: 5%	Traumatic: 70% Non Traumatic: 25% Undetermined: 5%

Results

✓ Younger, more highly educated ABI survivors with professional pre injury occupations were more likely to RTW.

- Most younger individuals saw no option other than a RTW at their life stage
- Non RTW were unsure of RTW ability and occupation best suited for post injury
- Some older participants feared age related discrimination from employers
- Higher education levels are linked to professional occupations
- These occupations tend not to be physical, offer flexibility of tasks, duties, and working hours and often don't require driving (skill often impaired post ABI)
- More organisational resources may be allocated to professional individuals pre injury e.g. training, which may increase employer motivation to reemploy
- Professionals may be more motivated to return to same role or occupation due to years of study or training invested pre injury and/ or may possess increased cognitive ability pre and post injury

Figure 1: Barriers to a Return to Work (RTW)

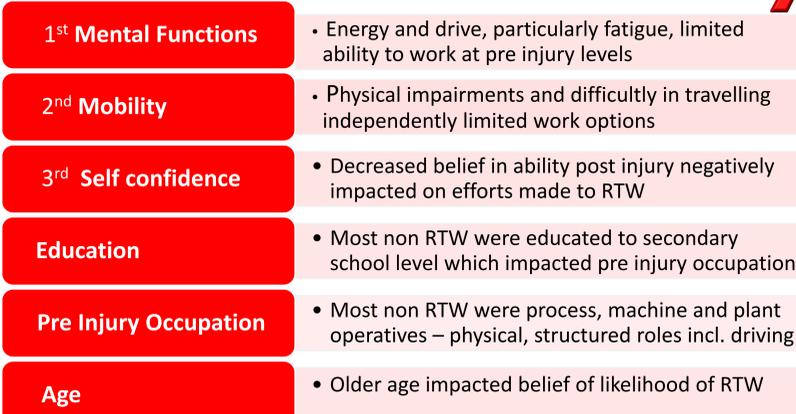
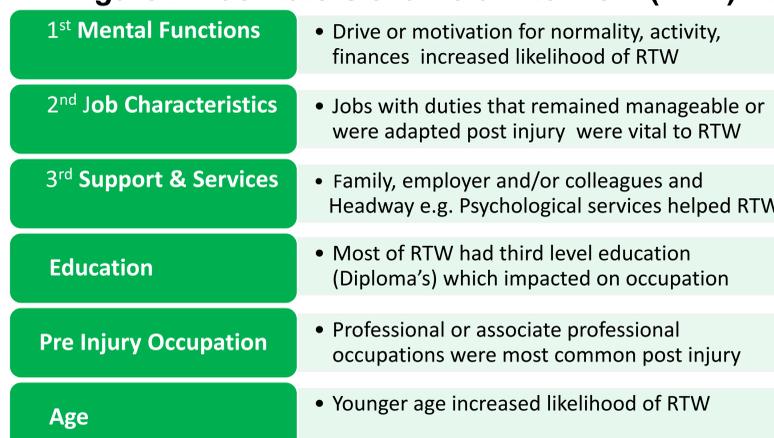


Figure 2: Facilitators of a Return to Work (RTW)



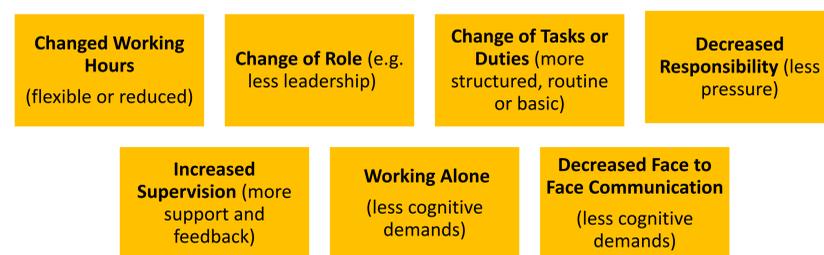
✓ Self efficacy was not related to work status post ABI, contrary to findings that unemployment is related to reduced self efficacy (M=28 for both groups)

- Participants may be maintaining self efficacy levels through other interests and activities e.g. Headway groups and services. Further research required on relationship between work related self efficacy and RTW.

✓ RTW involved adapting the job characteristics of previous role (Figure 3)

- Facilitated difficulties in mental functioning e.g. fatigue, in particular

Figure 3: Job Adaptations Facilitating (RTW)



Conclusions & Recommendations

➤ RTW programmes should involve many aspects of the individual and their environment. Overcoming barriers to the process requires the efforts of a multi disciplinary team to facilitate rehabilitation of various functions such as motivation and drive, fatigue, mobility, self confidence and also the support of family and employers throughout the process.

➤ Employers play a vital role in the RTW process thus must be informed on how best to accommodate the brain injured employee in the workplace post injury. This involves ensuring job demands match post injury ability by adapting job characteristics as necessary to increase RTW success.

➤ A return to pre injury occupation is not always possible due to changed needs post ABI so vocational treatment plans must facilitate consideration of alternative occupations. Neuropsychological Assessment should be used to obtain measures of functioning that can help determine career options and direct vocational rehabilitation efforts successfully.

References

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