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**Title:** The return to paid work of individuals following a brain injury

Creators: Beaulieu, K.

**Example citation:** Beaulieu, K. (2012) The return to paid work of individuals following a brain injury. Poster presented to: *9th World Congress of the International Brain Injury Association (IBIA), Edinburgh, UK, 21-25 March 2012.* 

Version: Presented version

http://nectar.northampton.ac.uk/4808/





# **Return to Paid Work Following a Brain Injury**



Karen Beaulieu • karen.beaulieu@northampton.ac.uk • Tel 01858 892876

# Background

- Work is important in maintaining well being and if participation is interrupted can result in a breakdown of habits, physical and emotional deterioration and individual's abilities to perform in their lives (Keilhofner, 1997).
- Being able to work can support health, provide income and a structure to an individual's day (Johnsson and Andersson, 1999).
- Work defines aspects of status and occupational identity yet for most returning to paid work following a brain injury can be impossible (Yerxa, 1998).



# Method

- A qualitative phenomenological approach recruited 16 brain injured individuals and explored their return to paid work lived experiences.
- Following NHS National Research Ethical approval data was collected from unstructured interviews with men and women.
- Data was analysed using Giorgi's descriptive phenomenological approach and significant statements extracted from transcripts and 61 meaning units aggregated into clusters of themes to create description (Giorgi 1985).
- Meaning units were collapsed into six themes which describe participant's lived experiences.



#### **Feelings of Success**

Participants described feeling good by earning their own way, valued, being made whole again, having increased self-esteem and that their perception of their job was very much part of who they are.

#### **Coping with Ongoing Difficulties** Poor memory and slow information Results processing, fatigue, benefit issues and mental health difficulties Six themes describe impacted progress. the impact of return to paid work of individuals following a brain injury. **Expectation and Timing** of Return to Work

A determination to return to work linked to occupational identity. Slow phased return was more successful and satisfying. Fast return resulted in failure.

#### **Change and Return** to Work Options

Most participants faced difficulty as the workplace and colleagues had moved on. No established return to work route exists and participants experienced different return paths.

#### **Things That Help**

Professional help included Social Work, Council Support Services, Brain Injury Team Rehabilitation, Occupational Therapy, Headway and Disability Employment Advisors. Ranging from CV preparation, advice and support once employed.

# Workplace **Colleague Reactions**

Colleague reactions were hurtful and they had little tolerance. Participants were alone a lot, treated like children and socially excluded.

## References

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### **UK Occupational Therapy Research Foundation**

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'This work was supported by the United Kingdom Occupational Therapy Research Foundation and Irwin Mitchell Solicitors'.