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Conference or Workshop Item

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

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Version: Presented version

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Return to Paid Work Following a Brain Injury

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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 aggregated into clusters of themes to create description (Giorgi 1985).
- Meaning units were collapsed into six themes which describe participant's lived experiences.

Results

Six themes describe the impact of return to paid work of individuals following a brain injury.

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.

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.

Coping with Ongoing Difficulties
Poor memory and slow information processing, fatigue, benefit issues and mental health difficulties impacted progress.

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.

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

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.

References


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