

Individuals with traumatic brain injuries perceptions and experiences of returning to work in South Africa

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Abstract

Objective: The aim of this study was to identify the central concepts of a model that would facilitate the return to work process of individuals with brain injury. However for the purpose of this paper there will be a focus only on the barriers and facilitators that influence the return to work process.

Participants: Ten individuals who were diagnosed with a mild to moderate brain injury participated in this study.

Methods: Qualitative research methods were used in order to explore the research question. The participants were selected by means of purposive sampling and the data was collected by means of in depth interviews.

Results: The results of the study revealed that the participants experienced a sense of loss of function after the brain injury, a fear of the future and loss of confidence in their worker roles. The participants also indicated that by means of adapting occupational routines an actively engaging in rehabilitation they developed confidence in their worker roles.

Conclusion: Occupational therapists have to use a client centred holistic work integrative approach in order to successfully rehabilitate as well as facilitate the return to work process with people who have suffered a traumatic brain injury.

Introduction

An increase in the numbers of individuals who sustained brain injuries due to motor vehicle accidents, trauma induced by violence and substance abuse, has resulted in more disabled individuals becoming non-productive members in society and inactive in the workplace [1,2]. Research in the field of brain injury rehabilitation in South Africa is limited, with the majority of research focusing on the medical model of intervention. In the medical model, the disabled or injured individual is regarded as having problems that require medical-biological intervention mainly, with little or no attention given to the difficult process of reintegrating the disabled individual back into society, for example, in resuming their worker roles [3]. The medical approach may result in feelings of disempowerment on behalf of the disabled with regard to the rehabilitation process [3,4]. The lack of success of current rehabilitation interventions could be seen as a result of an inability to generalize outcomes of rehabilitation in a clinical setting to the skills needed to return to work or re-integrate into the community.

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